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**THE GENERATION AND EVALUATION OF A SCALE TO  
MEASURE RACIAL IDENTITY ATTITUDES IN A  
CLINICAL AND NON-CLINICAL BLACK BRITISH  
POPULATION**

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**Submitted in partial fulfilment of the requirements of the Open  
University for the degree of Doctor of Clinical Psychology**

**SEPTEMBER 1998**

**SALOMONS  
CANTERBURY CHRIST CHURCH COLLEGE**

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## **ABSTRACT**

## **Abstract**

*Previous research has hypothesised a five-stage cognitive developmental process of racial attitude identity development amongst African-Americans (called Nigresence). Using this framework, the current study attempted to develop a pilot device (the RIAS-B (UK), to investigate and measure Nigresence in Britons of African and African-Caribbean origin.*

*One hundred and three people were accessed, 82 non-Clinical and 21 Clinical. It was hypothesised that individuals in the non-Clinical group would display more mature racial identity attitudes than individuals in the Clinical group.*

*Using the Rosenberg Self-esteem Scale and the Internality, Powerful Others and Chance Scale, it was also hypothesised that: (a) more mature racial attitude identity development in the non-Clinical group would be reflected in higher levels of Self-esteem and greater internal Locus of Control; and (b) less mature racial attitude identity development in the Clinical group would be reflected in lower Self-esteem and greater external Locus of Control.*

*Results showed no firm relationship between racial identity development, Self-esteem and Locus of Control in either group. Hypotheses were therefore not accepted.*

*However, on the basis of a Principal Components Factor Analysis of responses to the RIAS-B (UK), a two-stage developmental model of racial attitude identity development is proposed. These stages appear to reflect conflict about respondents' ability to develop an identity which was both Black and British.*

*Results of the current study thus suggest that employing a cognitive-developmental model may be a fruitful way of understanding racial identity attitude development (Nigresence) amongst Black Britons. However, it is also proposed that Services may need to modify both the conceptualisation and practice of therapy, to account for this.*

**CHAPTER 1**  
**INTRODUCTION**

## **INTRODUCTION**

- *What theoretical concepts can Clinical Psychology offer towards understanding the role of race in an individual's psychological development?*
- *What are the psychological effects of belonging to a minority ethnic group?*

### **1.0 Overview**

#### **1.1 Race - a biological, social and psychological construct**

The concept of race can be described in a number of different ways. Using a biological approach, Casas (1984) describes a race as:

*a sub-group of peoples possessing a definite combination of physical characteristics, of genetic origin, the combination of which, to varying degrees distinguishes the sub-group from other sub-groups of mankind. (p.49).*

Biologically, race is thus defined by the physical characteristics of skin pigmentation, nasal index, lip form, and colour, distribution and texture of body hair (Ponterotto, 1993). Using this classification, the three major races are defined by Ponterotto (1993) as Mongoloid, Negroid and Caucasian.

Race is also a social construct, which, according to Johnson (1990) describes 'group characteristics that in popular ideology (not fact), are carried in the blood, i.e. skin colour' (p. 40). This social construction of race is however built on shifting sand, and the definition of what constitutes a particular race may change over time. For example, Carter (1995) notes that the formal division of Europeans into Alpine, and Mediterranean types was common just half a century ago.

However, despite the inadequacy of the very concept of race, (as conclusively demonstrated by Jones (1981) who showed that genetic differences within the 'same' racial group are often larger than between 'different' racial groups), Carter (1995) writes that meanings attributed to race continue to exert a powerful influence on attitudes and behaviour. This research will therefore adopt the common meaning of the term race, as defined by physical characteristics, primarily skin colour.

Finally, the topic of race can be approached through the relatively new psychological concept of *racial identity*, which accounts for how individuals perceive themselves in relation to others of the same and of different races, regardless of their own racial-membership label.

Referring to the first question posed above, (namely what theoretical concepts can be offered towards understanding the role of race in psychological development), the concept of racial identity provides a cognitive developmental approach to understanding how people may, often in response to external stimuli, pass through a complex series of attitudinal and behavioural shifts, towards members of their own, and other racial groups.

In response to the second question, (namely what are the psychological effects of belonging to a minority ethnic group), racial identity theory can also be used to offer insights into the possible psychological consequences arising from the failure to develop a healthy racial identity.

*Using a cognitive-developmental model of Black racial identity development as developed by Cross (1995) this dissertation will attempt to investigate the relationship between racial identity and psychological well-being in a non-Clinical and Clinical population of Black Britons.*

#### **1.1.1 Psychopathology and poor racial identity development - is there a connection?**

The possible link between poor racial identity development and psychological 'caseness' needs particularly to be addressed, because of the high numbers of Black people of African or Caribbean descent who are users of mental health services in the UK. For example, British-born people of African or Caribbean descent are three times more likely than their immigrant parents and twelve

times more likely than their White British age cohort to be diagnosed as schizophrenic, (Berry and O'Dwyer, 1987). Snowden and Cheung, (1990) and Loring and Powell, (1988) also report a similar pattern amongst African-Americans.

Two main explanations have been proposed for these differences in rates of mental ill-health between minority Black and majority White populations. First, that they are due to biological factors, (for example Jung, 1930, explained that the 'Negro' had one less 'layer' of brain than the White man), or that they occur because of diagnostic bias (Joseph 1996; Littlewood and Lipsedge, 1988 and Loring and Powell 1988). However, Ferrell (1995) suggests that the high incidence of mental ill-health amongst Blacks in the Diaspora (away from Africa) may be attributable to a failure in the process of developing a healthy Black racial identity.

## 1.2. Background

### 1.2.1 Historical concepts of race and psychology

#### (i). *The inferiority paradigm*

Issues relating to race have had a long and inglorious history in Psychiatry and Psychology, where it was long accepted that peoples of 'visible' racial/ethnic groups were biologically inferior to Whites. Carter (1995) writes that this 'inferiority paradigm' arose because the numerous linguistic referents which connected darkness with evil, meant that Europeans were culturally



conditioned to view people of colour with disfavour. So, within a relatively short time of contact with non-White races, what began as a social assumption, developed into a firm ideology of White moral, intellectual and biological superiority and Black inferiority. Thus, in 'A Dictionary of Races or Peoples' published in the early 1700s (cited by Guthrie 1976) people of African descent were described as belonging to "the lowest division of mankind".

(ii). *Biological determinism - from Craniometry to the Bell Curve*

The assumptions of the inferiority paradigm were also partly generated by biological determinism, described by Carter (1995) as a 'Darwinist' doctrine which proposed the existence of behavioural, physical, emotional, cognitive, intellectual and moral differences between races which were attributed to biological factors. This approach posited that as Whites (who, according to Carter 1995, created the concept of race), were superior to Indians and Indians superior to Blacks, society would naturally organise itself in a hierarchy to reflect these differences.

In the nineteenth century, craniometry (the measurement of skulls) provided 'evidence' for the racist conclusions of biological determinism. Although this approach was eventually discredited, Carter (1995) observes that 'neo' determinism has recently been revived in the psychological literature, for example by Jensen (1995) who repeated the original claims for craniometry

and by Murray and Herrnstein (1994) whose controversial 'Bell Curve' thesis proposed that Black people have lower intelligence than all other races.

(iii). *The cultural and social deprivation paradigm*

However, despite its recent reappearance, Carter (1995) writes that following the social and political activism of the 1960s, the inferiority paradigm was largely replaced by the '*social deprivation*' or '*social oppression*' paradigm, first proposed by Kardiner and Ovesey (1951).

This paradigm combines the social and biological meanings of race, to create a criterion whereby peoples of a visible racial group are compared to a White normative standard. This comparison is then used to demonstrate the various ways in which such people are socially oppressed, deprived or deviant. Thus, instead of biological factors, it is proposed that social oppression and, or, cultural deprivation leads to psychological differences between racial groups, which in turn are thought to generate maladaptive and anti-social behaviours.

Hence, Kardiner and Ovesey, in their influential study 'The Mark of Oppression' (1951) defined the 'basic personality' of Blacks in terms of the stigma resulting from their disadvantaged position in American society. From a mere 25 psychoanalytic interviews, (where all but one interviewee had a psychological disturbance), Kardiner and Ovesey proposed that racial discrimination produced an 'unerasable mark' on the Black psyche, stating:

*there is not one personality trait of the Negro ...  
which cannot be traced to the difficult living  
conditions. There is no exception to this rule. The  
final result is a wretched internal life ...*

Adding,

*The Negro has no possible basis for a healthy Self-  
esteem and every incentive for self-hatred. (p. 3)*

Whilst the cultural deprivation/social oppression paradigm is regarded as being useful in highlighting the effects of poverty, discrimination and exclusion, it has two major weaknesses. First, it presents a negative, race-based interpretation of problems such as delinquency, crime and poverty and second, it assumes *all* Black people are crippled by the effects of racism and oppression. This approach was therefore strongly criticised, for example, by Clark (1965) for its failure to account for individual differences and to explain why many Black people remain psychologically healthy in the face of discrimination and oppression.

So, despite its attempts to be less deterministic, the cultural deprivation paradigm, with its proposition that Black people, (with their 'self-hatred'), create their own psycho-pathology, allows for an even more damaging view of

Black psychological development than can be arrived at by the pseudo-science of biological determinism. And, as is shown in the next section, the cultural deprivation paradigm provided fertile ground for the concept of 'internalised racism'.

1.2.2 The inferiority and cultural oppression paradigms - how overt racism is described as leading to 'internalised' racism

The conceptualisation and naming of 'lesser' races had a powerful impact on European thought and led to nearly 300 years of barbaric and degrading African chattel slavery. It has been proposed by many authors, including Gratus, (1973), Jones, (1993) and Jennings, (1991) that to survive the psychological (and physical) 'attacks' of slavery, people of African descent developed patterns of behaviour and thinking which reflected the racism and oppression to which they were subjected.

It has also been proposed that such self-denigrating attitudes survived slavery and colonialism and are, indeed, still held by many Black people. This process of self-denigration, described either as 'internalised racism' or 'race dissonance' is described by Ferrell (1995) as:

*"the process by which people of African/African-Caribbean descent have imbibed the ideas of, and come to believe in racist notions of their own*

*inferiority in relation to White European people  
and Eurocentric world views", (p.10. ).*

Ferrell (1995) cites a number of studies, in which Black children were given variously-coloured dolls to play with, which purported to provide evidence for such 'race dissonance'. In these 'Doll Studies', (Clark and Clark 1947; Goodman 1952; Milner 1973) Black children were shown to identify with, and to prefer playing with a White, rather than Black doll. It is outside the scope of this research to provide a detailed critique of these studies, but, in brief, Baldwin (1979) and Foster-Carter (1986) identify numerous methodological and conceptual flaws which throw serious doubt on the validity of race dissonance as a psychological theory. However, these studies are referred to because, as noted by Fernando (1991) in their time they were regarded as classics and thus shaped much subsequent empirical work on the psychological processes of Black people.

Whilst the Doll studies provide a single (but influential) example of poor research, with an inherent racist bias, Helms (1990) describes pervasive flaws which, she believes, invalidates almost *all* psychological research which has been conducted (almost invariably) by Whites, on, Black people. In describing these flaws, Helms (1990) first draws the distinction between 'race' (already defined) and 'ethnicity'. Casas (1984) defined ethnicity as:

*a group classification of individuals who share a unique social and cultural heritage (customs, language, religion and so on) passed on from generation to generation. (p.4).*

Thus, it is possible for members of different races to belong to the same ethnic group, for example, Ethiopian and European Jews; or a Caribbean ethnicity, which can include people of Asian, European, or Oriental racial background.

However, Helms (1990) writes that in contemporary social science literature, the mental health issues of Blacks have, typically, been examined without regard to ethnicity (i.e. all Blacks are the same), thus one rarely finds analyses where Black ethnic groups are recognised as having inherent differences from one another. By contrast, Helms (1990) writes that the mental health issues of Whites have, typically, been examined without regard to race, (i.e Whites are not conceptualised as racial or ethnic beings, but simply as the 'norm' against which others are measured).

Thus, as noted by Helms (1990) in most psychological research, Black people are regarded as a common type, where "Africanness" is assumed to account for psychosocial development regardless of ethnicity. As such, research is often

predicated on (and leads to) crude over-generalisations about the alleged deficiencies, but none of the strengths of "the black personality".

Additionally, Helms (1990) writes that much social science research examining intra and inter-racial dynamics is further discredited because of the 'Client-As-Problem' (CAP) perspective. The CAP perspective plays primarily on White fears that Blacks may 'act out' their anger, towards White society, via passivity, mistrustfulness, and/or overt hostility. Research which takes this perspective, is, according to Helms (1990), based on an inherent racism and thus must also be treated with caution.

### 1.2.3 Towards a middle way of understanding Black psychological development

The above section has presented three ways of viewing Black psychological development. Namely that: (a) inferior biology inhibits Black people from achieving healthy psychological functioning; (b) that Black people are universally and without exception, damaged by White oppression and hence, cannot achieve healthy psychological functioning; (c) that Black people have actively internalised negative self-concepts and thus, can also never achieve a healthy psychological state.

The models presented above are inherently racist and deterministic in nature, because they provide no explanation for differences *between* individuals, or for change in attitudes or behaviour *by* individuals over time.

This gap in psychological theory has, though, over the past two decades, been addressed by a body of Psychologists (Akbar, 1979; Banks, 1981; Cross, 1971, 1978 and 1995; Dizzard, 1971; Gibbs 1974; Gay 1984; Jackson, 1975; Millones, 1980; Thomas, 1971; Toldson and Pasteur, 1975; and Vontress, 1971), cited by Helms (1990) who have attempted to move beyond the deterministic and often plainly racist stance of traditional psychology. Instead, these authors have presented models of Black psychological development which reject traditional assumptions of either White supremacy or White normativeness.

### 1.3 Identity development

Models of Black racial identity development will be discussed below, but first it is useful to begin with a brief examination of traditional models of identity development. The next section therefore begins with two traditional accounts of identity (Erikson 1968; and Marcia 1980) then describes a general 'race-based' account of identity (Phinney, 1990). Finally, a detailed explanation of Black identity development, as proposed by Cross (1995) is discussed.

#### 1.3.1 Models of identity development - from the general to the race-based

##### (i). *Erikson (1968)*

Erikson's model of identity development proposes that psychosocial development occurs throughout the life-span, and that each life stage has its own developmental 'tasks'.



According to Erikson (1968) an 'achieved' identity results from a period of exploration and experimentation that involves a child learning to *trust*, to become *autonomous*, to take *initiative* and to develop *industry*. For Erikson, the task of adolescence is therefore for individuals to "synthesise their past, their present and their future possibilities into a clear sense of self", in which commitments in areas such as religious ideology, occupational identity and political orientation are defined.

(ii). *Marcia (1980)*

Erikson's conceptualisation of identity development is elaborated and refined by Marcia's four-stage model. According to Marcia (1980) an adolescent who has not experienced an identity crisis, engaged in exploration, or made any identity commitments, is in the stage of '*identity diffusion*'. The next stage is termed '*foreclosure*' and describes the adolescent who makes an identity commitment based on external influences carried over from childhood, without undergoing his or her own crisis and/or exploratory process.

The third of Marcia's identity statuses is termed '*moratorium*' and describes the adolescent who is in the midst of an identity crisis, but who has not yet made a commitment to any particular identity. This stage is characterised by an active identity search. Finally, an '*achieved*' identity characterises the individual who has had an identity crisis, has explored and experimented with options and who

has now arrived at a commitment regarding what to believe and whom to become.

(iii). *Phinney (1990)*

The above models provide a useful basis for understanding how an individual develops her/his eventual adult identity, in, for example, areas such as choice of occupation, religion, political ideology and gender roles. However, Phinney (1990) develops the concept by providing a model which links ethnic or minority identity development to more general psychological models of identity development.

Phinney (1990) suggests that minority group members need to resolve two primary issues or conflicts that result from their status as minorities. First, is the existence of dominant-group stereotyping and prejudice towards their group (which can pose a threat to self-concept). The second issue revolves around contrasting value systems: that is, because of the usual demands by the majority to integrate and adapt, minority individuals must often negotiate a path between their own cultural value system and that of the dominant society.

According to Phinney (1990) the way in which adolescents deal with this conflict and come to accept their status as members of a minority will impact on their sense of ethnic identity. Adolescents or adults who *actively* explore and resolve these struggles are more likely to develop an 'achieved' ethnic

identity, whereas those who fail to do so may become stuck at a 'diffused' or 'foreclosed' identity.

#### **1.4 Black racial identity theory**

The three models described above show the progression from traditional models of identity development to a general 'culture/race-based' model applicable to any ethnic, racial or cultural minority group. The next section, will examine models used specifically to describe racial identity development in Black people.

##### **1.4.1 Models of Black racial identity - early features and developments**

The first specific psychological models of racial identity were developed by ~~African-American~~ scholars in the early 1970s. These models are fundamentally different from Euro-centric conceptualisations of identity development because they propose that it is normal for many Black people to experience a dramatic shift in their identity *after* adolescence, or even well into adulthood.

These models fall into two categories, either describing racial identity as an invariant and fixed personality type (Akbar 1979; Dizzard, 1971; Gibbs 1974; and Vontress, 1971) or as a stagewise process (Banks, 1981; Cross 1971; 1978; and 1995; Gay 1984; Jackson, 1975; Millones, 1980; Thomas, 1971; and Toldson and Pasteur, 1975).

Carter (1995) notes that the Cross (1971) model and its subsequent reformulations, (Cross 1978 and 1995) have received the most conceptual and empirical scrutiny. Indeed the Cross (1971) model provides the basis for the most commonly used measure of Black racial identity, the Racial Identity Attitude Scale, (RIAS-B) developed by Helms and Parham (1985), (c.f. Appendix 21). This study, will discuss and use the reformulated concept of Nigrescence, Cross (1995), but first introduces key concepts of the Cross (1971) model.

Cross (1971) used the term 'The Negro-to-Black Conversion Experience' to describe a five stage cognitive-developmental process of Black racial identity development. These stages are (1) Pre-encounter; (2) Encounter, (3) Immersion-Emersion, (4) Internalisation and (5) Internalisation-Commitment. In the 1995 revision of the model, Cross renamed the identity-change process 'Nigrescence', which means 'becoming Black' and which described the shift from a non-Black or Euro-centric to an 'Afric-centric' (African-centred) identity.

#### **1.4.2 The Cross model of Black racial identity development**

Cross (1995) prefaces the description of Nigrescence by acknowledging that it is possible for a child to be socialised from early childhood to have a Black identity. Such a person, would therefore, have no need to 'discover' their Blackness as an adult. However, for many others, Nigrescence, can be described in the following stages.

(i). Pre-encounter (Stage 1)

Cross (1995) proposed that Pre-encounter individuals can hold attitudes towards race that range from 'low salience', to 'race neutrality' and at the extreme, 'anti-Black'.

- *Pre-encounter: low-salience attitudes:* For people with low salience attitudes, the physical fact of their Blackness and their knowledge about Blackness has little to do with their perceived sense of happiness and well-being. Indeed, such people place value in things *other* than their Blackness, for example their religion, social status or profession.

For some 'low-salience' individuals, Pre-encounter attitudes bring a sense of fulfilment, meaningful existence and an internal stability and harmony. These people are unlikely to experience, or be in need of, any type of identity change. Accordingly, little thought is given to race and when questioned on the issue, people with predominately low-salience Pre-encounter attitudes, will, according to Cross (1995) appear "dumbfounded and naive" (p.54). Such people also often regard their ability to progress in (American) society as being entirely a matter of free will, individual initiative and personal motivation and to be completely unaffected by their race.

Cross (1995) also describes another type of low-salience Pre-encounter individual who will take a more conscious route towards neutrality. Such people see themselves as having reached a higher plane (i.e. abstract humanism), beneath which lies the "vulgar" world of race and ethnicity. For example, when pressed to give a self-referent, they may respond that they are simply "human beings who happen to be Black".

- *Pre-encounter - social stigma attitudes:* A variant of the low-salience perspective is found in the Black person, who while sharing the low-salience orientation, also sees their Blackness as a problem. For such people, race is attributed negative significance as a *social stigma*, whose only meaning is its connection to issues of social discrimination and exclusion. Such people, when asked to define their Black identity, may thus respond by describing what it is like to be oppressed and discriminated against.
- *Pre-encounter - anti-black attitudes:* The most extreme form of the Pre-encounter identity is in 'anti-Blackness'. For these people, being Black is highly salient but *negative*: other Black people and Blackness in general define an internal model of what they dislike and despise. Such people loathe other Blacks and feel alienated from the Black community. However, by contrast, they may hold positive racial stereotypes of White people and White 'culture'.

Cross (1995) writes that Anti-Black Blacks, in general, regard Blacks as their own "worst enemy" and may explain the "race problem" through a victim-blaming perspective, espousing an ideology that denigrates all aspects of Black life.

(ii). *Encounter (Stage 2)*

According to Cross (1995) in most instances, the pre-encounter identity is the person's first identity, having been shaped by socialisation during childhood, adolescence and early adulthood. Since the Pre-encounter identity is therefore fully tried and tested, it will defend against change. A person, thus, usually has to experience an 'Encounter' that is, an event which penetrates their Pre-encounter identity.

Such an Encounter may be a single dramatic event. Cross (1995) refers to the assassination of Martin Luther King Jr, which, he says, 'hurled thousands of pre-encounter Negroes into a search for a deeper understanding of the Black power movement' (p. 61). More current examples would be the beating of Rodney King, (both events sparked rioting, which could be regarded as the extreme manifestation of the emotions surrounding Encounter). In the UK, the murder of Stephen Lawrence, the subsequent self-admitted failures of the police investigation and the recent problems surrounding the Enquiry could all be seen as Encounter 'triggers'.

But, whilst the Encounter experience may occur this way, more often, the individual will experience (or observe) a series of small 'eye-opening' incidents which gradually erode their Pre-encounter identity. These repeated, individual encounters have a cumulative effect, so that eventually a seminal Encounter event will occur, to tip the person over into actively searching for a Black identity.

However, Cross (1995) writes that Encounter entails two steps. First, the Encounter must be *experienced* and second, *personalised or internalised* and both must happen for the Encounter process to begin. Using the example of the assassination of Martin Luther King Jr., Cross (1995) writes that following his murder many Black people simply retained their Pre-encounter identities. These individuals could be said to have experienced, but not personalised the event. However, for others, the assassination was sufficiently traumatising to provide the impetus for Nigrescence to begin.

There are two main phases once Encounter has begun. Initially, the person may feel anger, anxiety, depression and guilt. Guilt and depression stem from knowledge of the way the person has previously either treated other Blacks, or 'colluded' with the White system; anger is directed at White people and the White world, and anxiety stems from the discovery that there is another level of Blackness to which one should (or could) aspire. Cross (1995) writes that these feelings combine to provide energy which 'flings the person into a frantic,



determined, obsessive and extremely motivated search for a Black identity' (p. 62).

These initial feelings are usually temporary and before long, the person will move into the second phase of Encounter. In this phase, Cross (1995) writes that the individual will "pick him or herself up and ... begin to cautiously and perhaps even fearfully test the validity of their new perceptions" (p. 62). This leads onto the next stage of Immersion-Emersion.

(iii). *Immersion-Emersion (Stage 3)*

*Immersion*

During the first phase of Immersion-Emersion, the person *immerses* themselves in the world of Blackness and as far as possible, distances themselves from their Pre-encounter world. This change is perceived as a 'liberation' from Whiteness and is often manifested as an intense interest in "Mother Afrika", Black literature, history and culture. The person may adopt an African name, and everything Black is perceived as beautiful, mystical or superhuman. For such new 'converts' to Nigrescence, confrontation, bluntness and directness characterise interactions with other people, Black or White. Such people often adopt a "Blacker-than-thou" attitude and may label or pass judgement on others who are not deemed to be sufficiently Black.

Cross (1995) suggests these Blacker-than-thou propensities are part of the new convert's anxiety that their Blackness be 'pure and acceptable'. This is described as *Weusi Anxiety*. Weusi is the Swahili word for Black and Weusi Anxiety is the anxiety the new convert experiences at not becoming the 'right' type of Black person. This anxiety is however, usually overcome by the social support of other Blacks who are also Immersed. Ironically, Cross (1995) writes that Immersion may thus actually lead to increased conformity, as the person often becomes part of a system that requires symbolic Afric-centric dress codes, rites, rituals and obligations. (Their mode of dress notwithstanding, the Researcher suggests that The Nation of Islam exemplifies of a group of Black people who are, collectively, in Immersion).

Psychologically, Immersion involves much altruistic feeling, with an overwhelming love and attachment towards all that is Black, coupled with a corresponding hatred and anger towards Whites. Whilst some individuals may become fixated at this point, becoming what Cross describes as 'pseudo-Blacks', most people move onto the next stage, namely Emersion.

### *Emersion*

Cross (1995) describes this stage as an emergence from the "emotionality and dead-end, either/or, racist, and oversimplified ideological aspects of the Immersion experience", (p. 66), where the person begins to 'level off' and feel in control of their emotions and intellect.

Cross (1995) suggests that as it is extremely difficult to maintain the intense emotionality associated with Immersion, this levelling process is almost inevitable. However, "getting over the hump" of Immersion is likely to differ from person to person. Sometimes it occurs when the individual has contact with another Black person at a more advanced stage of identity development, who may evidence a calmer, more 'sophisticated' quality to their Blackness, whilst for others it might be through reading about the transition from Immersion to Emersion of famous Black individuals (e.g. Malcolm X).

Whatever the mechanism for change, Cross (1995) writes that it results in the discovery that one's first impressions of the Black 'gloriana' may have been romantic and symbolic, rather than substantive, textured and complex. The person may begin to realise that Immersion was in itself, a transitional phase and, as such, may begin to pull away from the relative narrowness of the Immersion experience.

However, Cross (1995) writes that at this stage some individuals simply 'drop out' of the Black struggle, but for those who do not, the next psychological phase is Internalisation.

(iv). *Internalisation (Stage 4)*

In contrast to Encounter and Immersion-Emersion, which are characterised by intense confusion and emotionality, the key markers to Internalisation are clarity and 'level-headedness'. Individuals with high Internalisation attitudes feel calmer, more relaxed and more at ease. Weusi Anxiety is transformed into *Weusi Pride* and *Weusi Self-acceptance* and in being habituated and internalised, Blackness becomes a backdrop to, yet integral part, of the person's life.

Psychologically, one of the most important consequences of the clarity and relaxedness of Internalisation is that the person's conception of Blackness may become more open and expansive, allowing them to undertake a more serious and sophisticated analysis than is possible in Immersion-Emersion.

Also, whilst the person who has moved from Immersion-Emersion to Internalisation may perceive themselves as being totally changed, with a new world view and revitalised personality, Cross (1995) suggests that the easing of the psychological stresses of Immersion-Emersion, actually allows the basic core of the personality to be *re-established*. For example, if the person was shy at Pre-encounter, but gregarious and confident during Immersion, they are likely to again present as shy during Internalisation. This pattern is repeated in many other ways, and Cross (1995) suggests that basic personality strengths may act as a psychological 'cushion' for the intense emotionality of the Immersion-Emersion phase.

Hence, Cross (1995) suggests what makes the person feel completely 'new' during Internalisation, are in fact, the changes experienced at the level of their *group*, rather than individual identity. That is, moving from Pre-encounter to Internalisation, involves a shift from a worldview where race and culture have low salience, to one that places high salience on Blackness. This shift inevitably leads to changes in lifestyle, for example in the person's social network, manner of dress and leisure pursuits, etc. Cross (1995) suggests that it is when these activities (which define the adult identity) undergo a substantial change, the person may feel totally new, even though their basic personality profile has remained unchanged.

(v). *Internalisation-Commitment*

This is a continuation from Internalisation, with the addition that the individual becomes directly involved in social and political activism aimed at eliminating racism and other forms of oppression. This stage is often subsumed under the Internalisation stage, and in this study likewise, it will be treated as part of Internalisation.

1.4.3 'Recycling' of the Nigrescence process

When the model was originally conceived (Cross 1971) Nigrescence was thought to be a 'one-off' event and was seen as involving a progression through all four or five stages. However Parham (1989) has since noted that for those who may have completed a Nigrescence cycle at one point in the life-span (e.g in

adolescence or early adulthood), challenges of other life-events (e.g becoming a parent or entering retirement) may induce *recycling* through some of the earlier stages (however, possibly not Pre-encounter).

#### 1.4.4 Summary of 'race-based' models of identity development

There have been three major psychological formulations of Black racial identity development. Some models, (Dizzard, 1971; Akbar, 1979 and Gibbs 1974) viewed racial identity as an invariant *personality type*. By contrast, other models including Cross (1971, 1978) proposed that Nigresence (becoming Black) was a once in a lifetime, *stagewise process*, which occurred in one direction only. Later, Parham (1989) suggested that individuals could move forwards and backwards in Nigresence, in a process called *recycling*.

However Helms and Carter (1990) make the following general points regarding racial identity:

- The concept of racial identity development is applicable to *all* races, even though separate models are presented for various racial groups. The different models simply reflect the distinct socio-political histories of the groups.

- Racial identity involves two sets of perspectives, one which influences how one views and understands members of the dominant group and the second involves one's view of one's own racial group.
- Racial identity represents ego statuses, where one's racial world view may be more, or less, mature. Less mature egos derive definition from *external* sources (peers, media, family etc), whilst more mature racial identity ego statuses are *internally* derived, through a personal process of exploration, discovery, integration and maturation.

### 1.5 The relationship between Black racial identity attitude and psychological functioning

Research into the relationship between Black racial identity attitudes and psychological functioning describes a series of complex and often apparently contradictory relationships. However in general, Carter (1995) found evidence that pro-Black attitudes are indicative of healthy psychological adjustment, whereas attitudes of self-denigration are psychologically maladaptive.

Carter (1995) describes the results of a number of studies which show the relationship between racial identity attitudes and psychological well-being at the four stages of the Cross (1971) and (1978) models. Interpretations and

implications of this research will, however, be discussed in the context of the 1995 reformulation.

Much of this research involves the work of Looney (1988) who used Leovinger's (1976; 1979) model of ego development to examine the relationship between Black identity functioning and ego development. According to Loevinger (1976, 1979) ego is central to personality and evolves through seven stages, from a simple, to a complex and highly integrated ego structure. Looney (1988) thus notes that whereas Black *identity* deals specifically with an individual's awareness, values, attitudes and beliefs about being Black, ego development deals more universally with how an individual integrates and organises *all* aspects of his or her personality, that is, how they strive for control of the self.

Looney (1988) hypothesised that because of their similarity as personality constructs, there would be a significant positive relationship between Black ego development and Black racial identity development. Namely, that as individuals develop a strong sense of self, they would also develop a positive sense of their Blackness, and that this positive relationship would be indicative of healthy personality development. Looney (1988) tested this hypothesis by administering the RIAS-B, developed by Parham and Helms (1981) and the Washington University Sentence Completion Test for Ego Development (WUSCTED),



developed by Loevinger and Wessler, (1970) to 700 Black undergraduate students.

The following section examines Looney's (1988) findings on the relationship between Black identity and ego development and also looks at other studies which investigate the relationship between Black racial identity and variables such as Self-esteem, Self-actualisation (the motive to realise all of one's potentialities), Locus of Control, affect and therapist preference.

#### 1.5.1 Psychological findings relating to Pre-encounter

Looney (1988) found that Pre-encounter attitudes were inversely related to ego development. Likewise, Taub and McEwen (1992) found that for Black women, high Pre-encounter attitudes were associated with low levels of autonomy and difficulty with interpersonal relationships. This also suggests that Pre-encounter is characterised by poor ego development and also high dependency.

Carter (1991) Parham and Helms (1985a); Pyant and Yanico (1991) and Munford (1994) found high Pre-encounter attitudes to be related to high anxiety, low Self-esteem and low affect, but also high self-actualisation. Also, Parham and Helms (1981) found that individuals with high Pre-encounter attitudes would prefer to seek professional help from a White counsellor.

Linking sociological and psychological findings, Carter (1995) found that the Pre-encounter identity appeared to be associated with higher incomes plus greater sense of acceptance in one's work setting.

The Researcher suggests that these apparently contradictory findings appear to reflect the different stages of pre-encounter as described by Cross (1995). For example low ego, low self-regard, high anxiety and low affect appear to be associated with social stigma, or anti-Black Pre-encounter attitudes. By contrast, the Researcher suggests that low-salience pre-encounter attitudes were possibly held by the high self-actualising, high-income people, for whom being Black had no cultural meaning or significance.

#### 1.5.2 Psychological findings relating to Encounter

Looney (1988) found that for men, high Encounter attitudes were related to greater ego-strength. For women, Taub and McEwen (1992) Pyant and Yanico (1991) and Munford (1994) found that high Encounter attitudes were also consistent with emotional independence, but found a link to high anxiety, low Self-esteem and low affect. By contrast however, Parham and Helms (1981, 1985b) found high Encounter attitudes to be associated with low anxiety, high self-actualisation and high self-regard.

Martin and Nagayama-Hall (1992) found that high Encounter attitudes were strongly related to an external Locus of Control, where individuals had a strong belief in chance and luck. Finally, Parham and Helms (1981, 1985b) found that individuals with high pre-encounter attitudes would prefer to seek help from a Black counsellor.

The Researcher suggests that these findings also support the Cross (1998) view that Encounter has two dimensions. The first appears to be associated with depression, poor self-image and anxiety and may reflect the initial phase of Encounter, which is connected to high levels of emotional turmoil and intensity. By contrast, the second stage (the beginning of a personal commitment to find one's Black identity) may reflect the findings of strong ego, low anxiety and high self-concept.

### 1.5.3 Psychological findings related to Immersion-Emersion

Looney (1988) found that high Immersion attitudes were consistent with high ego development. However Parham and Helms (1985a), Munford (1994) and Taub and McEwen (1992) found that high Emersion attitudes were associated with low self-regard and low Self-esteem, high anxiety, depression and hostility towards Whites. Austin, Carter and Vaux (1990) found that individuals with high Immersion attitudes were more likely to regard seeing a counsellor as stigmatising and so were reluctant to use mental health services, regardless of whether these were provided by Black or White practitioners.

Carter (1995) summarises Immersion-Emersion as being emotionally volatile and distressing where the single-minded emphasis on Black issues and concerns is associated with intense self-examination, tension and anxiety.

#### 1.5.4 Psychological findings related to Internalisation

Carter (1995) reports that the research findings on Internalisation are fewer and more mixed than for other variables. First, regarding ego state, Looney (1988) found that high Internalisation attitudes were related to *lower* ego development. This finding contradicts her original hypothesis and Looney (1988) explains this by suggesting that if ego is truly universal, then the Black identity may be integrated with other strands of the personality, so the fact that the ego *integrates* Blackness could be a sign of healthy personality development.

[Looney (1988), however acknowledges this inverse relationship between Black identity and ego is "surprising and difficult to sort out". And, although she provides a (not entirely convincing) account for her results, Looney, (1988) does add that conceptualisations of ego, like most theories of human development, are based on a White frame of reference. Thus, Looney (1988) concludes that although ego, as currently defined, possibly cannot fully explain the complete nature of Black identity, it must be used in the absence of an alternative model.]

Munford (1994) found Internalisation to be related to high Self-esteem and high affect, whilst Martin and Nagayama-Hall (1992) found high Internalisation attitudes to be related to higher internal Locus of Control. Helms and Carter (1991) found individuals with high Internalisation attitudes were generally sceptical about seeking counselling services, but would prefer a Black counsellor. Carter (1995) suggests that the mixed psychological correlates of Immersion, (i.e. weak ego, versus high Self-esteem) reflect the complexity of this stage and suggests that more research is needed to understand this stage more fully.

The main points described above are summarised in the table shown below.

1.5.5 **Table 1. The psychological features of identity-change and their relationship to the Cross (1995) and Looney (1988) models of identity and ego development.**

<i>The three stages of racial identity development and their psychological features</i>	
<b>Pre-encounter</b>	
<p>poor ego strength (particularly for women) high anxiety low Self-esteem low affect</p> <p>high self actualisation high self-regard generally higher incomes</p> <p><i>Preference for a White counsellor</i></p>	<p>Reflects social-stigma pre-encounter attitudes. <b>Blackness is negative.</b></p> <p>Reflects low-salience pre-encounter attitudes. <b>Blackness is unimportant</b></p>
<b>Encounter</b>	
<p>high ego strength (particularly for men) high anxiety low Self-esteem low affect</p> <p>high ego strength high self-concept low anxiety</p> <p>Largely external Locus of Control <i>Preference for a Black counsellor</i></p>	<p>Initial phase of Encounter. <b>Confusion and emotional turmoil.</b></p> <p>Second phase of Encounter. <b>Search for a new Black identity.</b></p>
<b>Immersion/Modelling</b>	
<p>low Self-esteem low affect high anxiety high ego strength</p> <p><i>Regards counselling as stigmatising. No preference for either a Black or White counsellor</i></p>	<p><b>Wound Anxiety.</b> Idealisation of Blackness, but concern about being the 'right' type of Black person</p>
<b>Internalisation</b>	
<p>high Self-esteem high affect</p> <p>lower ego-development</p> <p>Largely internal Locus of Control <i>Preference for a Black counsellor</i></p>	<p><b>Wound pride and self-acceptance.</b> Person becomes self-controlled, calm and secure about their Blackness.</p> <p>The ego is integrated into the personality</p>

1.5.6 Summary of psychological findings on racial identity development

Overall Carter (1995) proposes that empirical findings provide support for the theoretical model of Black racial identity, stating that individuals at a specific racial identity stage will have an analogous psychological profile, with a well-developed racial identity equating to less psychological problems (e.g. depression, anxiety, low Self-esteem).

Ponterotto (1993) writes that less sophisticated racial identity attitudes also equate to poorer psychological functioning in other non-white groups also, (e.g. Chicanos, Asian-Americans, Hispanics and Mexican-Americans). In a meta-analysis of empirical work on racial identity and psychological functioning, Ponterotto (1993) summarised the four major stages of identity change and their psychological correlates as follows:

*Stage 1 - Identification with the White majority*

Generally associated with negative indices of mental health such as low Self-esteem, low affect, poor social, peer and family relations, increased rates of paranoia, hallucinations and alcohol problems.

*Stage 2 - Awareness, Encounter and Search*

Mixed results showing both positive and negative mental health indices, for example, high, and low Self-esteem and low affect.

*Stage 3 - Identification and Immersion*

All models describe intense emotionality, low Self-esteem and high anxiety.

*Stage 4 - Integration and Internalisation*

Associated with positive mental health indices, most notably high Self-esteem and high affect.

Although the concept of racial identity development is normally described in terms of minority ethnic groups, a model of White racial identity development is also proposed by Helms, (1984, 1990 and 1992). This model indicates that for Whites also, psychopathology (e.g. poor self image, increased dependency and high anxiety) is associated with less well developed racial identity attitudes.

Research thus indicates that for *all* racial groups, whether they form part of the dominant, or minority culture, a link exists between racial identity development and psychological functioning. For 'visible' ethnic/racial minorities, the process of racial identity development involves negotiating a comfortable and healthy psychological space within the dominant culture. Whilst for Whites, racial identity development first involves learning to perceive oneself *as* a racial being, not simply as the 'norm', (a process described by Helms, 1990 as 'Disintegration') and often, secondly, learning to abandon racist perspectives (a process described as by Helms, 1990 as 'Autonomy')



1.6 **Identity or Racial identity - can the two be separated?**

Given that a similar cognitive-developmental, model of racial identity development appears to apply to all racial groups, it may be valid to propose that a non race-based approach to understanding identity change, (as for example, proposed by Erikson, 1968, or Marcia, 1980), may be adequate to understand identity change. (This traditional approach is described by Carter 1995 as 'Universalist', and posits that as *all* racial group membership is deemed as being of equivalent value, race in itself, therefore plays only minimal part in psychological development).

However, Kovel (1984) illustrates the weakness of this view in his comment that:

*... race has, been and continues to be, the ultimate measure of social exclusion and inclusion, because it is a visible factor that historically and currently determines the rules and bounds of social and cultural interaction... (p.3 ). (My bold).*

The Researcher, also, feels that race is too salient and powerful a factor to either be ignored, equated with, or subsumed under other drivers of identity development (such as gender identity or class). Instead, the Researcher suggests that attention should be paid to developing a new paradigm for examining the

psychological impact of race, which does not derive from a model of White normativeness and which examines the internal process of psychological change associated with racial identity development

### **1.7 Rationale for the current study**

This research will examine the relationship between Self-esteem, Locus of Control and racial identity functioning in a Black British population. These variables were chosen for the following reasons. First, they may provide clinical information regarding the motivational status of Black users of Psychology services. Second, previous research indicates these variables are affected by an individual's stage of racial identity development, thus they provide an additional measure against which the clinical utility of the RIAS-B (UK) can be assessed. Third, they are easily measurable within the parameters of the current study.

A Clinical and non-Clinical population were also included in order to test for a connection between psychological casesness and poor racial identity functioning.

#### **1.7.1 Why measure racial identity in Black Britons?**

As noted previously, models of racial identity development reflect the socio-political history of the groups for which they are designed, and so far, theory, research and measures of Black racial identity development have been entirely conducted on African-Americans.

Although US and UK Blacks share the common effects of being highly visible minorities, the histories of the two groups diverged at the point of their forcible removal from Africa. For example, whilst both populations suffered racism and discrimination, as noted by Locke (1992) African-Americans largely derive from an homogenous, settled population, who have lived in America for many generations and whose presence in the US, and identity as *African-Americans* is unchallenged.

By contrast, Black Britons' history is of Colonialism, relatively recent mass migration (which, as noted by Fatmehin and Coleman 1998, was associated with specific traumas not experienced by British-Born Blacks), plus continuing strong familial ties outside of the UK. Thus for the so-called 'Windrush Generation', (children of the mostly Caribbean migrants to Britain in the 1950s) and for their parents, issues of identity and belonging still clearly persist in a way which is generally much more acute than for most African-Americans.

These differences in culture and understanding between Black Britons and African-Americans were illustrated by Ferrell (1995) who used the American measure, the RIAS-B (Parham and Helms, 1991) (c.f. Appendix 21) to examine Black racial identity attitudes in a British population.

Ferrell (1995) found some statements were too ambiguous for a Black British audience, e.g. *'I frequently confront the system and the man'*, (No. 14), whilst others seemed anachronistic, e.g. *'I believe that Black people come from a strange, dark, and uncivilised continent'*, (No. 21). In addition, other statements clearly reflect the American experience, for example, *'I know through experience what being Black in America means'*, (No. 2). Whilst such a statement could be superficially Anglicised by changing 'America' to 'Britain', it is possible that its meaning taps a dimension of African-American culture, which might lack salience for Black Britons. Ferrell (1995) thus suggested that a more relevant measure was required to measure the racial identity development of Black British people.

The current study therefore begins the development of a culturally-sensitive British scale (to be called the RIAS-B UK) with content and items generated by the target audience, namely British people of African or African-Caribbean origin. It was felt that such a scale would have greater validity than one which was simply transposed between two populations, who although both of African descent, have differing life experiences, history, culture and values.

The current research, however, also assumed that the *underlying* concept of Black racial identity development as proposed by Cross (1995) would be salient for any Black population in a predominantly White environment. Therefore,

the Cross (1995) model of racial identity development was used as the conceptual basis from which the RIAS-B (UK) was developed.

1.7.2 Rationale for correlating Racial Identity Development with Self-esteem and Locus of Control

As discussed previously, Self-esteem and Locus of Control are related to racial identity functioning. In order to test the validity of the RIAS-B (UK) it was decided to investigate whether, as in the US research, these psychological features would also be shown to correlate with certain stages of identity development.

The next section thus provides an explanation of the concepts of Self-esteem and Locus of Control.

1.8 Self-esteem

Blaisovich and Tomaka (1995) describe Self-esteem as a hypothetical construct that quantifies an individual's affective evaluation of their own worth, value or importance. Self-esteem is thus usually thought of as the *evaluative* component of a broader representation of the self, namely the self-concept. However, whilst self-concept includes cognitive, behavioural and affective components, Self-esteem is entirely a measure of affect. Thus, cognitions about the self (contained in the self-concept), may or may not influence Self-esteem.

Blascovich and Tomaka (1995) write that appraisals or judgements (e.g. "I am attractive/unattractive", "I am intelligent/unintelligent", "I am hardworking/lazy") underlie positive or negative feelings about the self and can be seen as reflecting a person's self esteem. Over time, consistency in such judgements result in a relatively stable affective appraisal that the individual will repeatedly draw upon, namely their Self-esteem.

Previous research (Munford, 1994) has shown low Self-esteem to be associated with high Pre-encounter, Encounter and Immersion attitudes, whereas high Self-esteem was associated with high Internalisation attitudes. Therefore, a measure of Self-esteem was also included in the present study (a) to test whether these findings would apply to a Black British population, and; (b), to test the clinical utility of the pilot British device, the RIAS-B (UK).

## 1.9 Locus of Control

The concept of Locus of Control was first proposed by Rotter (1966) and arose from social learning theory. Locus of Control describes a psychological concept that refers to *assumed internal states* to explain why some individuals actively and willingly try to deal with difficult circumstances, whilst others, when faced with the same challenges, succumb to a range of negative emotions.

Lefcourt (1991) writes that Locus of Control can fall along two main dimensions, namely *internal* and *external*. For persons with a predominantly *internal* Locus of Control, many outcomes are experienced as being dependent upon the effort expended in their pursuit. Such people largely believe they have control over determining their environment and what will happen to them.

By contrast, persons with a predominantly *external* Locus of Control may fail to perceive the connections between efforts and outcomes. Such people may feel their lives are dominated or shaped by luck, powerful others, or by some unavoidable personal stigma or shortcoming.

Citing learning theory, Lefcourt (1991) proposes that the development of either an internal or external Locus of Control depends on an abstraction from accumulated encounters in which people perceive the causal sequences occurring in their lives. Thus, in 'responsive' milieus, individuals are more likely to regard outcomes as being contingent upon their own actions. However Lefcourt (1991) writes, that in milieus where "nepotism, graft and other *inequitable practices* dominate", (my italics), people are less likely to regard themselves as being able to shape events in their lives and as such, are more likely to develop an external Locus of Control.

Martin and Nagayama-Hall (1992) demonstrated that racism might be regarded as such an inequitable practice which might lead to the development of a predominantly external Locus of Control. Martin and Nagayama-Hall (1992) examined the relationship between Locus of Control and racial identity functioning. Using the RIAS-B, (Parham and Helms, 1981) and the Internality, Powerful Others and Chance Scale (IPC) developed by Levenson (1981) they found an external Locus of Control was linked with high Encounter attitudes, whilst an internal Locus of Control was strongly correlated with Internalisation attitudes.

Martin and Nagayama-Hall (1992) explained these results by suggesting that Encounter is likely to be precipitated by either a single event, a series of chance events, or by the actions of 'powerful others' which thrust the individual into a world of confusion (the Researcher suggests, for example, being the victim of a racist attack, or missing a promotion at work). By contrast, the correlation between Internalisation and internal Locus of Control was seen as a reflection of action-oriented values and self-efficacy. (Although not explicitly stated, it is possible that Martin and Nagayama-Hall (1992) were tapping into the Internalisation-Commitment stage, where individuals actively and personally become involved in anti-racist activities).



Since its development by Rotter et al (1966) the concept of Locus of Control has been refined beyond the simple internal/external dimension and whilst some scales emphasise the situational determinants of causal beliefs, others are cast more in motivational terminology. This study will use the Internality, Powerful Others and Chance Scales (Levenson 1981), which attempts to tap both the motivational and situational aspects of Locus of Control.

#### **1.10 Aims of the present study**

It has been shown that rates of mental ill-health in Black populations living in the Diaspora is considerably higher than for majority White populations and it has been suggested that this imbalance may be a function of impaired or incomplete identity development.

Previous research conducted with African-Americans, suggests the existence of a five-stage, cognitive-developmental process of Black racial identity development called Nigresence (Cross 1971, 1978, 1995; Helms, 1990, Helms and Carter, 1990; Parham, 1989). The present study begins the development of a measure, the RIAS-B (UK), to investigate if the process of Nigresence, as described by Cross (1995) also occurs for Black Britons.

Research indicates the quality of racial identity functioning is correlated with Self-esteem and Locus of Control. To test the robustness of the RIAS-B (UK)

measures of these two psychological constructs were, therefore, also included in the present study

In addition, using the RIAS-B (UK) Nigrescence was also tested in a clinical and non-clinical population of Black Britons.

### 1.11 Hypotheses

The following hypotheses were proposed.

- i. *Null hypothesis:* There will be no difference between racial identity functioning in the clinical and non-clinical populations.

*One-tailed hypothesis:* Individuals in the clinical sample will display poorer racial identity attitudes than individuals in the non-clinical sample.

- ii. *Null hypothesis:* There will be no relationship between racial identity functioning and Self-esteem.

*One-tailed hypothesis:* Individuals with poor racial identity attitudes will also have low levels of Self-esteem.

- iii. *Null hypothesis:* There will be no relationship between racial identity functioning and Locus of Control.

*One-tailed hypothesis:* Individuals with poor racial identity functioning will also have a greater external Locus of Control.

## **CHAPTER 2**

### **METHOD**

## **METHOD**

### **2.0 Ethical Scrutiny**

A research protocol which included a full description of the current research and measures was submitted to an independent Ethics Committee for scrutiny, (Appendix 1). Contingent on minor changes, conditional ethical approval was obtained, (Appendix 2). The Researcher's response to the Ethics Committee's comments are shown at Appendix 3 and full Ethical Approval is given at Appendix 4.

### **2.1. Overview of the current study**

This study was conducted in two stages:

- Stage 1 - generation of the RIAS- B (UK);
- Stage 2 - evaluation of the RIAS-B (UK).

Stage 1, the development of the RIAS-B (UK) was as follows:

- i. three Focus Groups generated items for inclusion in the measure;
- ii. allocation of items generated by the Focus Groups to theoretically relevant categories, (conducted twice);
- iii. revision of the measure to clarify statements/reduce variance;
- iv. Piloting

## **2.2 Participants in the generation and evaluation of the RIAS-B (UK)**

### **2.2.1 Inclusion and Exclusion Criterion**

#### **(i). *Inclusion criterion***

The RIAS-B (UK) was developed and tested on Black British people of either African or Caribbean descent, aged between 16 and 50.

#### **(ii). *Exclusion criterion***

People aged either under 16 or over 50 were excluded from the development and testing of the RIAS-B (UK). Those aged under 16 were excluded because research shows that Black racial identity development largely begins in adulthood (Carter, 1995). Those aged over 50 were excluded because, as noted by Fatimilehin and Coleman (1988) it was felt that they might have experienced identity issues resulting from a *personal* experience of migration

Individuals who defined themselves as 'mixed race' were also excluded, because separate models of racial identity development have been developed for this group (Poston, 1990; Herring, 1995).

## **2.3 Participants in Stage 1 (generation of the RIAS-B (UK))**

### **2.3.1 Recruitment**

Three Focus Groups, comprising 16 people were recruited to provide a cross-sample of Black British people. Participants for Groups 1 and 2 were recruited by the Researcher and Main Supervisor through personal contacts. Group 3 was recruited from a local College of Further Education (Appendix 5).

**2.3.2 Consent**

Because of the issues identified in the letter shown at Appendix 3, individuals gave verbal consent to participate in the Focus Groups.

**2.3.3 Description of participants**

The profile of participants in the Focus Groups is shown below:

**Table 2. Description of participants in Focus Groups**

	AGE	OCCUPATION	ORIGIN
<b>Group 1</b>			
Male	37	Psychologist	Caribbean
Male	33	Mental Health Manager	Caribbean
Female	37	Psychology Graduate and jewellery designer	Caribbean
Female	41	Psychotherapist	Caribbean
Female	43	Clinical Psychologist	Caribbean
<b>Group 2</b>			
Male	34	Computer Technician	Caribbean
Male	31	Quantity Surveyor	African
Female	36	Art Student	Caribbean
Female	37	Nurse	Caribbean
<b>Group 3</b>			
Female	35	Unemployed	African
Female	33	Seamstress	African
Female	29	Admin Officer	African
Male	39	Unemployed	Caribbean
Male	31	Student	Caribbean
Female	20	Student	Caribbean
Female	33	Housing Officer	African

## **2.4 Participants in Stage 2 - (evaluation of the RIAS-B (UK))**

Two groups of participants (103 respondents) were included in the main study:

Group 1 (non-Clinical) comprised 82 individuals who had either never received input from mental health services, or who had not presented to services within the past year.

Group 2 (Clinical) comprised 21 individuals who were either currently in receipt of mental-health service provision or who had used services within the past year.

### **2.4.1 Consent**

For both the Clinical and non-Clinical groups, consent was obtained via the Information Sheet distributed with all questionnaires (Appendix 6). This stated participation was voluntary and that completion and return of questionnaires constituted consent to participate.

### **2.4.2 Recruitment - Group 1 (non-Clinical)**

Three hundred and fifty questionnaire packs were distributed to men and women of African and African-Caribbean descent. Eighty two were returned, giving a response rate of 23 per cent. Recruitment was by the following means:



(i). *Public meeting*

Names and addresses were collected at a social gathering preceding the launch of a Black calendar, (Appendix 7). Each person was later sent a questionnaire pack.

(ii). *Religious meetings*

Questionnaire packs were distributed to African and African-Caribbean members of a local congregation of Jehovah's Witnesses.

(iii). *Friends/relatives*

Questionnaire packs were distributed to people known personally to the Researcher. These people were also given extra copies of the questionnaire which they were asked pass on to other African and African-Caribbean people. An informal 'distribution tree' was thus established.

[Although this section of the recruitment was partly through sources known to the Researcher, (and might therefore be biased in terms of attitude, educational level etc.), the Researcher feels that as these represented only a small proportion of the total sample,  $n = 8$ , they were unlikely to affect the results. Also, anonymity was ensured because questionnaires were returned by post and most responses were given either by circling or ticking boxes, thus reducing the likelihood of the Researcher identifying handwriting.]

**(iv). *Teachers***

Questionnaire packs were distributed to African and African-Caribbean teachers at a local school.

**(v). *Staff at Mental Health Services***

Questionnaire packs were distributed, by post, to African and African-Caribbean staff working at mental health centres throughout the country. These individuals were also given extra copies to distribute to other African and African Caribbean people, thus expanding the distribution network.

**(vi). *Hairdressers***

Questionnaire packs were distributed to customers at a local Black hairdressing salon.

**(vii). *University Students***

Questionnaire packs were distributed to students from the Afrikan Society of a local University.

**(viii). *Diploma Students***

Questionnaire packs were distributed to students from a Diploma Course in Mental Health Studies conducted at a local Black mental health advice centre.

#### 2.4.4 Recruitment - Group 2 (Clinical)

Two hundred and twenty questionnaire packs were distributed to men and women of African and African-Caribbean descent. Twelve were returned, giving a response rate of 5 per cent. (The remainder of the clinical sample was comprised of individuals from the general mail-out, who by self-report, met the criterion for inclusion in this group).

##### (i). *Outside London sample*

Following verbal agreement to participate in the current study, questionnaire packs were posted, nation-wide, to Directors of Black mental health centres, who were asked to distribute them to clients. The names and addresses of these organisations had been received from SAFOA, the umbrella organisation for Black mental health services in the UK. These questionnaires were submitted together with a letter to staff, (Appendix 8) which gave guidelines on distribution to clients.

##### (ii). *Within-London sample*

Following verbal agreement to participate in the current study, staff at two Black mental-health centres in London allowed the Researcher to distribute questionnaire packs to clients.

**(iii). Other sources**

In addition, nine individuals from the general mail-out also indicated they were either currently receiving psychological intervention, or had received such intervention within the past 12 months (this information was obtained from the demographic response sheet, 'About You', shown at Appendix 9). These responses were included in the Clinical Group.

**2.4.5 Description of the Clinical sample (N = 21)**

	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Female -	13	61%
Male -	7	33%
Not stated -	1	4%
African -	6	28%
Caribbean -	15	71%

Mean age: 34.2; range: 16 - 50; SD: 7.55

Modal educational level:	GCSE/GCE 'O' level	47%	(N = 10)
Modal income level:	Under £9,000	28%	(N = 6)
Modal employment status:	Unemployed	42%	(N = 9)
Modal number of children:	Nil	57%	(N = 12)
Modal relationship status:	Single, no partner	52%	(N = 11)

***Description of Clinical problem***

Emotional (anxiety, depression etc): N = 12

Mental health (psychosis): N = 9

Three people in the group had, within the previous year, been hospitalised for mental health problems.

**2.4.6 Description of the total sample ( $N = 103$ )**

Breakdown of respondents was as follows:

		<b><u>Number</u></b>	<b><u>Percentage</u></b>
Female	-	68	66%
Male	-	34	33%
Not stated	-	1	-
African	-	28	27%
Caribbean	-	71	68%
Not stated	-	4	3%

Mean age: 32.8; range: 16 - 50; SD: 6.55

Modal educational level:	GCSE/GCE 'O' level	30%	( $N = 31$ )
Modal income level:	£15,000 - £19,000	6%	( $N = 27$ )
Modal employment status:	Full-time	62%	( $N = 57$ )
Modal number of children:	Nil	40%	( $N = 42$ )
Modal relationship status:	Single, no partner	37%	( $N = 39$ )

2.5. **Procedure**

2.5.1 **Stage 1 - generation of the RIAS-B (UK)**

2.5.2 **Item-generation phase**

The following procedure was used for each of the three Focus Groups.

First, the Researcher began by explaining the aims of the study and then gave a brief overview of the concept of racial identity, as described by Cross (1995). Participants in Group 1 were already familiar with the model.

Each participant was given a definition of the five stages of Black racial identity development, (Appendices 10a–10e). These had been copied onto separate sheets of paper, with one definition per sheet.

Participants were asked to discuss how someone at each stage of racial identity development might think, feel and behave. Each stage was discussed for approximately 20 minutes and the Researcher made written notes. All discussions were taped, with the prior permission of Participants.

After each group had met (over eight weeks) the Researcher used the written notes and audio-tapes to compile a series of uni-dimensional statements to reflect the contents of each discussion. This produced a list of 64 statements, (Appendix 11) which were allocated to the stage of the racial identity under which they had been discussed.

### 2.5.2 Sorting Trial (I)

The 64 items were then printed, each statement on a separate slip of paper. Four complete sets of the 64 statements were produced. Each set of statements was then placed in a large envelope, with definitions of the five stages of racial identity development, plus six smaller envelopes entitled 'Stage 1' to 'Stage 5' and 'Don't Know'.

Ten individuals from the Focus Groups then independently sorted the items. Following a brief reminder of the model, participants were each given an envelope containing statements and definitions and were asked to sort the statements according to the definition they felt it applied to. If they were unable to assign a statement to a stage of racial identity, they were instructed to place it in the envelope marked 'Don't Know'.

Participants were asked to sort without discussing the items with each other. Sorting took approximately one hour.

### 2.5.3 Criterion for items to be included in the measure

The Researcher used a sorting grid to allocate the 64 statements to their relevant categories. Only statements which had been allocated to the same definition by at least seven out of the ten sorters were retained. Twenty-four statements (shown at Appendix 12) reached the inclusion criterion, nine at the 70 per cent level of agreement and 15 at the 80 per cent level of agreement.

The categories of Encounter, Emersion and Internalisation had less than five items, whereas the aim was to produce a minimum sample of five items for each stage. As a consequence, items which had reached 60 per cent agreement were amended and re-sorted to make them suitable for inclusion. This process is described below.

#### **2.5.4 Refinement of statements achieving 60 per cent agreement**

The designation of nine statements had been agreed on by six out of ten sorters. This relatively low level of disagreement indicated these statements may have contained only a small element of ambiguity or confusion. These statements were re-written and re-sorted as above. The aim of this exercise was to raise agreement to 70 per cent.

These statements were re-written by the Researcher and main Supervisor and are shown at Appendix 13 in their original and revised forms.

In order to make another sorting exercise more productive, a further 14 statements were generated, using concepts from the original Focus Groups. This produced a total of 23 statements to be sorted on Trial 2. These statements are shown at Appendix 14.



#### 2.5.5 Sorting Trial (II)

Two participants from Trial I, plus six new individuals were recruited from the target population for Sorting Trial (II). Repeating the procedure described at Sorting Trial I, this exercise produced 10 statements at 70 per cent agreement.

#### 2.5.6 Clarification of items/reduction of variance

After sorting, the Researcher compiled the statements into a 35-item draft version of the RIAS-B (UK), (Appendix 15). The Researcher and co-Supervisor then amended the wording of some statements to improve clarity/reduce variance, (for example, 'African/Caribbean' was changed to 'Black people of African or Caribbean descent'),

#### 2.5.7 Piloting

Piloting was conducted on two groups, with 24 respondents in total. Eighteen of these were recruited from the Afrikan Society of the Student's Union of a local university. The remaining six were recruited from members of a Diploma course in Mental Health Studies.

Participants were given a draft copy of the RIAS-B (UK) and an Evaluation Sheet (Appendix 16) designed by the Researcher. Feedback showed that some items were regarded as repetitive and so the questionnaire was reduced to 29 items. The final version of the RIAS-B (UK) is shown at Appendix 17.

**2.5.8 Stage 2 - Main Study**

**2.5.9 Design**

1. Generation of the RIAS-B (UK).
2. Assessing the validity of the RIAS-B (UK).
3. Comparison of the Clinical and non-Clinical groups on racial identity, Self-esteem and Locus of Control measures.

**2.6 Measures**

**2.6.1 Demographic Information (Appendix 9).**

A forced-choice demographic measure entitled 'About You' was included with the questionnaires. This elicited information regarding gender, age, marital status, number of dependent children, employment status, earnings, educational background, racial classification and use of mental-health services.

**2.6.2 RIAS-B (UK) (Appendix 17).**

A 29-item scale designed by the Researcher to measure the racial identity attitudes of British people of African and African-Caribbean descent. Participants indicate their responses on a four-point Likert scale ranging from Strongly Disagree (A) to Strongly Agree (D).

The RIAS-B (UK) comprises of five dimensions reflecting the stages of Nigrescence proposed by Cross (1995). Internal consistencies for the five dimensions were: Pre-encounter  $\alpha = .60$ ; Encounter  $\alpha = .22$ ; Immersion

$\alpha = .60$ ; Emersion  $\alpha = .37$ ; Internalisation  $\alpha = .59$ . Internal consistency for all 29 items was  $\alpha = .65$ .

**2.6.3 Rosenberg Self-esteem Scale (Rosenberg, 1965). (Appendix 18).**

A ten-item scale designed to measure self-approval or self-acceptance. Participants indicate their responses on a four-point Likert scale ranging from 'Strongly Agree' A, to 'Strongly Disagree' D, where A = 1, B = 2 etc. However items three, five, eight, nine and ten are reverse-scored (i.e. A = 4, B = 3 etc).

This scale was chosen for its brevity and reliability. Achieved Chronbach Alphas range from  $\alpha = .77$  (Dobson et al 1979), to  $\alpha = .88$  (Courtney, 1984). Test re-test reliabilites are also high, ranging from  $\alpha = .85$  after two weeks (Silber and Tippet, 1965), to  $\alpha = .82$  after 1 week (Fleming and Courtney 1984).

**2.6.4 Internality, Powerful Others and Chance Scales (IPC) (Levenson, 1981). (Appendix 19).**

This is a 24-item scale in which Locus of Control is divided into three components: Internality (I) measures the extent to which a person believes they have control over their own lives; Powerful Others (P) measures the extent to which a person believes others control the events in their lives; Chance (C) measures the degree to which a person believes chance affects his or her experiences and outcomes. Participants indicate their response on a 6 - point Likert Scale ranging from Strongly Disagree (A) to Strongly Agree (F).

Levenson (1981) found internal consistencies of  $\alpha = .64$  for I;  $\alpha = .77$  for P and  $\alpha = .78$  for C. Re-test reliabilities ranged between  $\alpha = .66$  and  $\alpha = .73$  over a seven-week period.

#### 2.6.5 Presentation of Questionnaires

Questionnaires for the non-Clinical Sample (Group 1) were copied onto green paper and questionnaires for the Clinical Sample (Group 2) onto pink paper.

The pack was arranged in the following order:

- i. Information Sheet.
- ii. Demographic sheet - entitled 'About You'.
- iii. RIAS-B (UK) - entitled 'Questionnaire 1'.
- iv. Internality, Chance and Powerful Others Scales - entitled 'Questionnaire 2'.
- v. Self-esteem scale - entitled 'Questionnaire 3'.

#### 2.7 Summary

Measures used in the current study:

- i. **Demographic information sheet.**
- ii. **RIAS-B (UK):**
  - high Pre-encounter scores = poor racial identity development.
  - high Internalisation scores = good racial identity development.

**iii. Internality, Powerful Others and Chance Scales:**

- high Internality score = internal Locus of Control.
- high Powerful Others and Chance scores = external Locus of Control.

**iv. Rosenberg Self-esteem scale: higher score = lower self-esteem.**

**2.8 Statistical Analysis**

Data was analysed using SPSS 6.1 for Windows, Norusis (1993). Criteria level employed for statistical significance was the conventional one of  $p = 0.05$  for all analyses.

## **CHAPTER 3**

### **RESULTS**

## RESULTS

### 3.0 Analysis of the RIAS-B UK

The reliability (internal consistency) of the five dimensions (Pre-encounter, Encounter, Immersion, Emersion, Internalisation) of the RIAS-B were measured using Chronbach's Alpha, ( $\alpha$ ) (Chronbach, 1951). Reliabilities of the dimensions are shown below:

**Table 3. Reliabilities (internal consistency) of the RIAS-B (UK)**

	Non-Clinical (N = 42)	Clinical (N = 21)	TOTAL SAMPLE (N = 143)
Pre-Encounter	$\alpha = 0.61$	$\alpha = 0.52$	$\alpha = 0.60$
Encounter	$\alpha = 0.13$	$\alpha = 0.43$	$\alpha = 0.22$
Immersion	$\alpha = 0.58$	$\alpha = 0.69$	$\alpha = 0.60$
Emersion	$\alpha = 0.22$	$\alpha = 0.51$	$\alpha = 0.37$
Internalisation	$\alpha = 0.57$	$\alpha = 0.63$	$\alpha = 0.59$

Internal consistency for all 29 items of the RIAS-B (UK) was  $\alpha = .65$ .

(i) *Internal consistency of dimensions of the RIAS-B (UK) for:*

*Total Sample*

Results show that for the total sample, the dimensions of Pre-encounter Immersion and Internalisation achieved acceptable levels of internal consistency. This finding indicates the items (statements) comprising these dimensions were accessing a common source of variance.

**(ii) *Non-clinical sample***

For the non-clinical sample, Pre-encounter, Immersion and Internalisation achieved acceptable levels of internal consistency.

**(iii) *Clinical sample***

All dimensions achieved an acceptable level of internal consistency for a pilot device.

**(iv) *Internal consistency of the full RIAS-B (UK)***

Internal consistency for all 29 items was found to be  $\alpha = 0.65$ . The RIAS-B (UK) was intended to measure five distinct dimensions of racial identity development and as such, it would be expected the internal consistency of all 29 items, when measured together, would be lower than individual dimensions. A lower figure would indicate that the separate dimensions of the measure were accessing differing components/factors of racial identity development, (i.e. sources of variance)

However analysis of the five dimensions of the RIAS-B showed an internal consistency of  $\alpha = 0.65$ , indicating the items comprising the five dimensions were tapping a common source of variance.



### 3.1 Results in relation to Hypotheses

Hypotheses are presented in the null form. The criterion level employed for statistical significance was the conventional one of  $p = 0.05$  for all analyses.

#### 3.1.1 Hypothesis 1

*There will be no difference in racial identity functioning as measured by the RIAS-B (UK) between the clinical and non-clinical populations.*

An independent-samples T-test was used to test for differences in racial identity attitudes between the non-Clinical and Clinical populations. Results are shown in the following table:

**Table 4.** Comparison of racial identity attitudes in the Clinical and non-Clinical groups

	<u>Sums of means of the five dimensions of the RIAS-B (UK)</u>				
	<u>Pre- encounte</u>	<u>Encounter</u>	<u>Immersion</u>	<u>Emersion</u>	<u>Internalisation</u>
<b>Clinical (N = 82)</b>	12.97	5.78	15.7	17.64	35.96
<b>Non-clinical (N = 21)</b>	11.68	5.36	15.2	15.31	34.27
<b>Difference in means</b>	1.293	.417	.526	2.32	1.69
<b>t</b>	1.21	.87	.49	2.92	1.69
<b>p value</b>	.11	.16	.31	.002*	.08

\* $p < .05$

The above table shows that for Pre-encounter, Encounter, Immersion and Internalisation, there was no difference in racial identity attitudes between the two samples, as measured by the RIAS-B (UK).

For the dimension of Emersion, there was a significant difference, with respondents in the non-Clinical sample, demonstrating higher Emersion attitudes than respondents in the Clinical sample. However as significance was obtained in only one of five pairs of comparisons, it must be treated with caution, as a possible chance result. *The null hypothesis was therefore not rejected.*

### 3.1.2 **Hypothesis 2**

*There will be no relationship between scores on racial identity functioning as measured by the RIAS-B (UK) and self esteem as measured by the SES.*

Pearson's correlation were calculated to test the degree of relationship between scores for each of the five dimensions of racial identity attitude and scores for Self-esteem.

**Table 5. Correlation coefficients between scores for the RIAS-B (UK) and scores for Self-esteem**

	<b>Non-Clinical (N = 42)</b>	<b>Clinical (N = 21)</b>
<b>Pre-Encounter</b>	.083 <i>p</i> = 0.44	.272 <i>p</i> = 0.23
<b>Encounter</b>	.071 <i>p</i> = 0.53	.063 <i>p</i> = 0.78
<b>Immersion</b>	.143 <i>p</i> = 0.22	.141 <i>p</i> = 0.54
<b>Emersion</b>	.047 <i>p</i> = 0.67	.061 <i>p</i> = 0.79
<b>Internalisation</b>	.047 <i>p</i> = 0.46	.017 <i>p</i> = 0.94

The above findings show there were no significant relationships between Self-esteem and racial identity attitudes in the non-Clinical and Clinical groups. *The null hypothesis was therefore not rejected.*

### 3.1.3 Hypothesis 3

*There will be no relationship between racial identity functioning as measured by the RIAS-B (UK) and locus of control as measured by the IPC.*

**Table 6. Correlation coefficients between scores for the RIAS-B (UK) and scores for Locus of Control (IPC)**

	Non-Clinical (N = 22)			Clinical (N = 22)		
	Internal	Powerful Others	Chance	Internal	Powerful Others	Chance
<b>Pre-encounter</b>	.104 <i>p</i> = .35	.064 <i>p</i> = .57	.267 <i>p</i> = .01*	.073 <i>p</i> = .74	.074 <i>p</i> = .74	.282 <i>p</i> = .20
<b>Encounter</b>	.168 <i>p</i> = .13	.202 <i>p</i> = .07	.030 <i>p</i> = .78	.295 <i>p</i> = .18	.040 <i>p</i> = .85	.081 <i>p</i> = .72
<b>Immersion</b>	.206 <i>p</i> = .06	.077 <i>p</i> = .49	.075 <i>p</i> = .50	.376 <i>p</i> = .08	.423 <i>p</i> = .05*	.125 <i>p</i> = .57
<b>Emersion</b>	.111 <i>p</i> = .32	.108 <i>p</i> = .34	.001 <i>p</i> = .99	.230 <i>p</i> = .30	.017 <i>p</i> = .93	.259 <i>p</i> = .24
<b>Internalisation</b>	.212 <i>p</i> = .05*	.111 <i>p</i> = .32	.072 <i>p</i> = .52	.052 <i>p</i> = .81	.052 <i>p</i> = .81	.333 <i>p</i> = .13

\* *p* = < .05

In the non-Clinical sample, a significant relationship was found between Pre-encounter attitudes and External Locus of Control (measured by Chance) and between Internalisation and an Internal Locus of Control (measured by Internal).

In the Clinical sample a significant relationship was also found between Immersion and External Locus of Control (measured by Powerful Others). However, as significance was found in only three out of 30 analyses, these results will be treated with caution. *The null hypothesis was therefore partially rejected.*

**3.2 Analyses of Self-esteem and Locus of Control (IPC) between groups**

An independent-samples T-test was used to test for differences in Self-esteem and Locus of Control (IPC) in the non-Clinical and Clinical samples. Results are shown in the following table.

**Table 7. Comparison between Self-esteem and Locus of Control (IPC) in the non-Clinical and Clinical groups**

	Sum of means of scores for Self-esteem and IPC			
	Self-esteem	Internal	Powerful Others	Chance
<b>Non-Clinical (<i>ns</i> = 76 - 82)</b>	17.86	32.60	22.56	22.39
<b>Clinical (<i>ns</i> = 21 - 22)</b>	18.47	32.50	24.09	24.45
<b>Difference in means</b>	-.608	.105	-1.521	-2.056
<b><i>p</i> value</b>	.35	.47	.15	.09

No statistically significant difference in scores for Self-esteem were found between the non-Clinical and Clinical groups.

No statistically significant difference in scores for Locus of Control (as measured by Powerful Others, Chance and Internality) was found between the non-Clinical and Clinical groups.

### 3.3 Factor Analyses

A Principal Component Factor analysis was conducted. This produced five factors which, collectively, accounted for 48 per cent of the variance in the RIAS-B (UK). The table below shows the factors which had a factor loading of 0.4 or more.

**Table 8. Summary of factor loadings of items comprising the first five factors of the RIAS-B (UK)**

Item no. on RIAS-B (UK)	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
1	.440				
2				.589	-.408
4	-.598				
5	.593	.451			
6				.415	
7	.461				
8	.510				
9			.411	.467	
10	.617				
11	-.572				
13	.458				
14					.450
15	-.460				
16	-.490		.400		
17					.595
18			.456		
19			.456		
20			.429		
21			.555		
22	-.525				
23	.412				
24		.508			.432
25		.777			
26		.522	-.491		
27					
28		.672	-.442		
29				.486	
Percentage of variance explained	12.5%	11.2%	10.0%	8.7%	6.0%

The factors identified above are summarised at Appendix 20. An interpretation of these Factors is given below.

### 3.3.1 Interpretation of Factor Analysis

The following represents the Researcher's interpretation of factors which emerged from the principal components analysis of the RIAS-B (UK). Factor names have been assigned by the Researcher.

#### FACTOR 1 - (Conflict)

This reflects feelings of conflict and confusion about whether Whites are a threat, or non-threat. However, there are also feelings of uncertainty about what being Black may mean.

#### FACTOR 2 - (Maturity)

This reflects feelings of maturity and comfort with being Black. Blackness is an important, but not dominant aspect of the self.

#### FACTOR 3 - (Black Internal)

Similar to above, Blackness has been processed and understood, but again is not expressed outwardly.

**FACTOR 4 - (Confusion)**

This reflects feelings of confusion, uncertainty and negativeness, both towards the Black self and towards Whites.

**FACTOR 5 - (Black Universal)**

This reflects internal feelings of comfort towards the Black self. Comfort with Blackness is also expressed externally.

**3.3.2. Testing of Principal Factors**

Pearson's correlation coefficient was used to test for a relationship between factors on the RIAS-B (UK) and Self-esteem and Locus of Control. Results are shown below.

**Table 9. Principal Factors correlated with Self-esteem**

	<b>Non-Clinical (N = 82)</b>	<b>Clinical (N = 21)</b>
<b>Factor 1 (12.5%)</b>	.134 <i>p</i> = .24	.006 <i>p</i> = .99
<b>Factor 2 (11.2%)</b>	.014 <i>p</i> = .90	.005 <i>p</i> = .98
<b>Factor 3 (10.9%)</b>	.060 <i>p</i> = .60	.163 <i>p</i> = .48
<b>Factor 4 (8.7%)</b>	.079 <i>p</i> = .86	.230 <i>p</i> = .31
<b>Factor 5 (6.7%)</b>	.130 <i>p</i> = .26	.237 <i>p</i> = .30

The above analyses shows that no significant relationship was found between Factors of the RIAS-B (UK) and Self-esteem.



**Table 10. Principal Factors correlated with Locus of Control**

	Non-Clinical (N = 42)			Clinical (N = 31)		
	Internal	Powerful Others	Chance	Internal	Powerful Others	Chance
<b>Factor 1</b> (12.5%)	.121 $p = .27$	.033 $p = .77$	.050 $p = .62$	.401 $p = .06$	.206 $p = .35$	.173 $p = .44$
<b>Factor 2</b> (11.2%)	.165 $p = .13$	.020 $p = .85$	.058 $p = .60$	.096 $p = .66$	.440 $p = .04^*$	.234 $p = .29$
<b>Factor 3</b> (10.%)	.102 $p = .36$	.122 $p = .28$	.144 $p = .19$	.203 $p = .36$	.022 $p = .90$	.138 $p = .53$
<b>Factor 4</b> (8.7%)	.285 $p = .01^*$	.050 $p = .66$	.030 $p = .78$	.263 $p = .29$	.1675 $p = .45$	.142 $p = .52$
<b>Factor 5</b> (6.7%)	.028 $p = .80$	.051 $p = .65$	.002 $p = .98$	.031 $p = .88$	.429 $p = .04^*$	.039 $p = .69$

\*  $p < .05$ 

No overall significant relationship was found between Factors of the RIAS-B (UK) and Locus of Control. However there was a significant relationship between Factor 4 (Confusion) and an Internal Locus of Control (measured by Internal) in the non-Clinical sample.

In the Clinical sample, there was also a significant relationship between Factor 5 (Internal) and Powerful Others and Factor 2, Maturity and Powerful Others. These results fall in the opposite direction to that predicted by Hypothesis 3.

As these outcomes were found in only three out of 30 analyses, they must be treated with caution and will be regarded as a chance finding.

**3.3.3 Association of clinical status and racial identity attitude**

It was hypothesised that there would be an association between clinical status and increasing Internalisation of one's 'Blackness', such that the non-Clinical group would have higher scores on F2 (Maturity), F3 (Black Internal) and F5 (Black Universal) and the Clinical group would have higher scores on F1 (Conflict) and F4 (Confusion).

A Chi-square test was used to examine the relationship between scores recorded for Factors in the Clinical and non-Clinical group. Results are shown below.

**Table 11. Factor 1 (Conflict ) compared between groups**

Distribution of scores in relation to total sample mean	Non-Clinical	Clinical	Total
High (above mean)	40	11	51
Low (below mean)	42	10	52
<b>Total</b>	82	21	103

Total sample mean: = 22.69

Chi Square: = 1.07; df = 4; p = . 29 (no significant association between groups)

The above table shows there was no significant association between scores recorded for Factors in the non-Clinical and Clinical group.

**Table 12. Factor 2 (Maturity) compared between groups**

Distribution of scores in relation to total sample mean	Non-Clinical	Clinical	Total
High (above mean)	52	14	66
Low (below mean)	30	7	37
<b>Total</b>	82	21	103

Total sample mean: = 19.27

Chi Square: = 1.3; df = 4; p = .25 (no significant association between groups)

The above table shows there was no significant association between scores recorded for Factors in the non-Clinical and Clinical group.

**Table 13. Factor 3 (Black Internal) compared between groups**

Distribution of scores in relation to total sample mean	Non-Clinical	Clinical	Total
High (above mean)	40	12	53
Low (below mean)	42	9	51
<b>Total</b>	82	21	103

Total sample mean: = 23.63

Chi Square: = .431; df = 4; p = .51 (no significant association between groups)

The above table shows there was no significant association between scores recorded for Factors in the non-Clinical and Clinical group.

**Table 14. Factor 4 (Confusion) compared between groups**

<u>Distribution of scores in relation to total sample mean</u>	<u>Non-Clinical</u>	<u>Clinical</u>	<u>Total</u>
High (above mean)	32	10	42
Low (below mean)	50	11	61
<u>Total</u>	82	22	103

Total mean: = 7.8

Chi Square: = .0518; df=4; p = .81 (no significant association between groups)

The above table shows there was no significant association between scores recorded for Factors in the non-Clinical and Clinical group.

**Table 15. Factor 5 (Black Universal) compared between groups**

<u>Distribution of scores in relation to total sample mean</u>	<u>Non-Clinical</u>	<u>Clinical</u>	<u>Total</u>
High (above mean)	45	14	59
Low (below mean)	36	8	44
<u>Total</u>	81	22	103

Total mean: = 8.62

Chi Square: = .461; df = 4; p = .49 (no significant association between groups)

The above table shows there was no significant association between scores recorded for Factors in the non-Clinical and Clinical group.

### **3.4 Summary of Results**

The current study created a pilot device to measure racial identity attitudes in Black Britons, (called the RIAS-B (UK)), using a Clinical and non-Clinical group. Three of the five dimensions achieved acceptable levels of internal consistency. No differences in racial identity attitudes were found between the Clinical and non-Clinical group.

The study examined the relationship between racial identity attitudes and Self-esteem and Locus of control, in the Clinical and non-Clinical groups. No overall significant relationship was found between racial identity attitude and Self-esteem or Locus of Control in either group. Scores for Self-esteem and Locus of Control were compared between the Clinical and non-Clinical groups. No significant differences were found

A Principal Components analysis was conducted on the RAIS-B (UK). These Factors were found to be unrelated to Self-esteem and Locus of Control.

Finally, it was hypothesised that there would be an association between clinical status and increasing Internalisation of one's 'Blackness'. However no such association was found.

**CHAPTER 4**  
**DISCUSSION**

## **DISCUSSION**

### **4.0 Aims of the current study**

The aim of the present study was to produce a pilot device, the RIAS-B (UK), to measure racial identity attitudes in British people of African or African-Caribbean descent. In order to further understanding of these attitudes and to investigate the validity of the device, Self-esteem and Locus of Control were also examined.

The study involved two groups of participants. A non-Clinical group, which comprised people who had either never used mental health/counselling services, or who had not accessed such services within the past year and a Clinical group, comprising people who had accessed mental health/counselling services in the previous year.

### **4.1. Discussion of methodology**

The study was conducted in two stages:

- Stage 1, generation of the RIAS-B (UK), and;
- Stage 2, evaluation of the RIAS-B (UK).

**4.1.1 Stage 1 - Generation of the RIAS-B (UK)**

**(i) *Focus Groups***

The items presented in the RIAS-B (UK) were intended to reflect ways in which Black Britons identified with their own racial group, as well as their relationship to the majority culture.

This information was elicited in three Focus Groups, where the five stages of racial identity development as defined by Cross (1995) were discussed. Agreement levels for racial identity attitudes were examined twice, before inclusion in the final version of the device. As noted by Rust and Golombok (1989) this is an acceptable methodology for constructing a questionnaire. However a critical observation of its application in the current study is given below.

Individuals in each of the three Focus Groups already knew each other, either through work, study or socially. Each Group was similar in terms of educational and occupational background. Group 1 was comprised of Graduate professionals, Group 2, largely skilled non-graduates and Group 3, Further Education students.

It is possible that by constructing Focus Groups with participants of similar socio-economic backgrounds who already knew each other, social desirability effects might have led to conformity or restraint in the initial discussions, thus



shaping the eventual content of the RIAS-B (UK).

However, it is suggested that because participants discussed racial identity within a specific framework, they were able to generate statements which might otherwise be regarded as extreme, for example: (No. 22), *"I believe that Black people of African Caribbean descent should never marry Whites"*, and (No.29), *"I feel hatred towards White people"*, which were identified as reflecting Immersion attitudes.

(ii). Piloting

A draft version of the RIAS-B (UK) (Appendix 15), was piloted on 18 students from a local University and six students from a Diploma course in Mental Health Studies. Following piloting changes regarding length and layout were incorporated into the final version of the device (Appendix 17).

Although this was the most practical way of piloting the measure, it is possible that the return rate, particularly in the Clinical group, may have been low because piloting was not conducted on a larger, and educationally and socio-economically more heterogeneous sample.

For example, demographic data from returned questionnaires show a difference in educational level between the individuals on whom the measure was piloted and respondents from the Clinical group. Thus, in the main study, oral

feedback showed that a number of participants found various items of the RIAS-B (UK) too complicated. For example, *'I believe that whilst Black people of African or Caribbean descent might be ambitious for their community or other members of their family, they tend not to be ambitious for themselves as individuals'* (No. 12), and *'I believe that as a result of their own experiences of racism, Black people sometimes collude with White British society's low expectations of Black children'* (No. 19). However, issues about complexity did not become apparent during piloting

Ideally, therefore, the study would have included a piloting of the RIAS-B (UK) with a Clinical population, which may have brought to light problems regarding its conceptual and linguistic complexity. However, time constraints prevented this. Also, given the difficulty in accessing a clinical sample for the main part of the study, it is unlikely that it would have been feasible to conduct a pilot with this group.

#### 4.1.2 Stage 2 - Evaluating the RIAS-B (UK)

##### 4.1.3 Non-Clinical Sample

###### (i) Return Rate

The return rate for the non-clinical sample was 23 per cent.

*(ii) Representativeness of sample achieved*

Respondents in the non-Clinical sample did not appear representative of the target population, namely African and African-Caribbean people aged 16 - 50. For example, the modal educational level was Graduate, (n = 22, 26 per cent), whilst an additional 18 people (15 per cent) were post-graduates, whereas Modood and Berthoud (1997) report that only 8 per cent of British-born Caribbean men and women hold degree, or higher degree qualifications. Also, the majority of respondents in the current study were female, (66 per cent).

Thus, despite strenuous efforts to recruit from a wide range of sources, the non-Clinical sample was largely composed of highly educated young women in full-time employment. In terms of return rate, gender balance, employment status, age and earnings, a similar study (Ferrell 1995) achieved an almost identical demographic profile of respondents. This suggests that although the composition of the sample employed in the current study was not representative of the identified target group, it was not atypical of surveys conducted using this methodology.

4.1.4. Clinical Sample

*(i) Response rate*

The return rate for the clinical sample was five per cent.

**(ii) Recruitment methods/issues**

Participants in the Clinical sample were accessed either by a postal survey, (as with the non-Clinical sample) or directly by the Researcher, who, with prior permission of staff and clients, visited two Black mental health centres to distribute questionnaires. The Researcher was thus able directly to observe and draw inferences from participants' reactions.

It was noted that some people were discouraged by having *three* questionnaires to complete. These individuals, although initially willing to take part in the study, refused when they realised the length of the task. When questioned about their reasons for no longer wishing to participate, most replied that it was "too much to do in one go".

A number of other people also stopped approximately half-way through the RIAS-B (UK). When questioned about this, they responded that the questionnaire was either "too long", or "too hard". Staff later informed the Researcher that many clients had problems with literacy and concentration.

For the postal survey, (Clinical group) the Researcher attempted to address these problems by including detailed guidelines to staff (c.f. Appendix 8), describing the levels of literacy and concentration needed to complete all three questionnaires. Staff were asked to follow these guidelines when distributing questionnaire packs to clients.

However, despite these guidelines, it is possible that the low response rate in the Clinical group may have been caused by the problems described above, namely the complexity of the RIAS-B (UK) and because there were three measures to complete.

**(iii) *Representativeness of sample achieved***

The Researcher was thus severely limited in access to a clinical population of Black adults, for example, only 12 questionnaires were completed by participants recruited from Black mental health centres (out of 220 distributed). The remainder of the Clinical group ( $N = 9$ ) was comprised of respondents from the general mail-out who, by self-report, met the criterion for inclusion in this group. It is therefore proposed that the Clinical sample was possibly too small and too homogenous to generate meaningful results.

**(iv) *General impressions of participants' response to the current research***

Recruitment in both groups were hampered by participants' perception of, and response to, the current research. Attempts to recruit clinical respondents from a number of Black mental health centres were met by reactions which ranged from the suspicious to the hostile, with comments such as, "we don't trust research"; and "research is always used against our clients", plus the accusation that the current study contained a "hidden agenda" to discredit African-Caribbean people. Some centres were, however, extremely helpful.

There were therefore a high number of refusals to participate in the current study even though it was made clear that, (a) the research had received ethical approval; (b) questionnaires could be completed anonymously; and (c) the Researcher was also of African-Caribbean origin.

Oral feedback was also received from individuals in the non-Clinical group who said they too felt “uncertain” and wanted to know “what the questionnaires were getting at”. In addition, six questionnaires were returned with ‘none of your business’ written on the demographic sheet and the remaining questionnaires uncompleted.

## **4.2 Discussion of standard measures used in the study**

### **4.2.1 Self Esteem**

Blaisovich and Tomaka (1991) describe the Rosenberg Self-esteem Scale (SES) as the most popular measure of global self-esteem, against which developers of other measures seek convergence. Scores achieved on the SES are also shown to positively correlate with measures of anxiety and depression (Fleming and Courtney 1984). In terms of its discriminant ability, the SES was found to show minimal correlations with gender, age or marital status. It is however, not known if the SES was designed as a ‘culture-fair’ test.

Therefore, despite possible problems with socially desirable responding, noted by Blaisovich and Tomaka 1991, the SES's advantages of ease of administration, scoring and brevity, coupled with its good face validity recommended this device for use in the current study.

#### 4.2.2 Locus of Control

The Internality, Powerful Others and Chance (IPC) Scales, Levenson (1981) derive from a re-conceptualisation of the Locus of Control construct, whereby it is assumed that one can believe in one's own efficacy while believing at the same time, that other powerful persons are also imbued with control; or that one can believe in the power of luck or chance happenings and *also* believe in one's own ability to control events.

Blaisovich and Tomaka (1991) write that in the IPC scale, these dimensions are statistically more independent than the two dimensions of Internality and Externality in the IE Scale (Rotter 1966) thus making the IPC a more sensitive measure. Blaisovich and Tomaka (1991) describe the advantages of the IPC as follows: (a) by having all items phrased in the first person, (as opposed to describing people in general), the IPC distinguishes between personal and ideological statements; (b) the IPC contains no wording that might imply modifiability of the specific issues presented and (c) there is minute social desirability bias in the scale.

As the IPC was shown to have high internal consistency and good test-retest reliability Levenson (1981), it was included in the current study. Again however, it is not known if the IPC was designed as a 'culture-fair' test.

### 4.3 General Discussion

#### 4.3.1 Utility of the RIAS-B (UK)

The RIAS-B (UK) was a pilot device designed to identify and measure racial identity attitudes in a Black British population. Results, (Table 3) show that for the total sample, internal consistencies of three of the five dimensions (Pre-encounter, Immersion, and Internalisation) achieved acceptable levels for a pilot device. However for the dimensions of Encounter and Emersion, internal consistency was low.

The low internal consistency for Encounter and Emersion meant that items in these dimensions were *not* accessing a common source of variance amongst respondents. That is, these statements were being interpreted in different ways by different respondents. This may have been due to their ambiguity or linguistic complexity, or alternatively, because these dimensions were attempting to address issues that were not of relevance to a Black British audience.



By contrast, internal consistency of all 29 items was high, with an  $\alpha$  of 0.65. This indicates that questions which attempted to distinguish between the five dimensions of racial identity attitude may have contained too much overlap to effectively tap separate sources of variance.

However, using the RIAS-B (UK), the following results were found.

#### 4.4 Summary of findings

##### 4.4.1. The relationship between racial identity, Self-esteem and Locus of Control

###### (i) *Racial identity functioning compared across the non-Clinical and Clinical Groups*

Hypothesis 1 predicted that individuals in the Clinical Group would display poorer racial identity attitudes than individuals in the non-clinical group. The current study, however, found no significant differences in racial identity functioning between the two groups, (c.f. Table 4).

This could have been attributable to either the composition of the non-Clinical sample (i.e. that it was too homogenous in terms of age, and socio-educational background); or to the size of the Clinical sample (i.e. that it was too small and homogenous to be representative of the target population). However, the only way to show which, if either, of these factors affected the outcome, would be to conduct the study again, with a more appropriate sample.

It is also possible that these results were obtained because of deficiencies within the *measure* (the RIAS-B (UK)), and/or because of problems with applying the Cross (1995) *theory* of Black racial identity attitude development to a British population. These latter two points will be discussed in Sections 4.4.6, 4.4.7 and 4.4.8

(ii) *Racial identity and Self-esteem*

Hypothesis 2 predicted that individuals with poorer racial identity attitudes (who, it was proposed, would be more likely to appear in the Clinical group) would also have lower levels of Self-esteem. The current study, however, found no relationship between racial identity functioning and Self-esteem. (c.f. Table 5). As mentioned in Section 4.3.1, this result might have occurred because of deficiencies within the RIAS-B (UK).

(iii) *Racial identity and Locus of Control*

Hypothesis 3 predicted that individuals with poorer racial identity attitudes would also have a higher external Locus of Control. Results of the current study partially supported this hypothesis. In the non-Clinical sample, there was a significant correlation between high Pre-encounter attitudes (poor racial identity functioning) and the Chance component of Locus of Control, (c.f. Table 6). The following explanation is offered for this finding.

Although Pre-encounter, is split into three components, (low-salience, social-stigma and anti-Black), a person with high Pre-encounter attitudes, whatever their type, places no value on, and feels no benefits arising from being Black. Thus, individuals with social-stigma and anti-Black Pre-encounter attitudes in particular, are likely to associate negative events as occurring *because* they are Black, (for example, unpredictable instances of racism, or global feelings of powerlessness). Such individuals are therefore more likely to believe in the power of Chance events to shape their lives.

**In the non-Clinical sample, a significant correlation was also found between high Internalisation attitudes (good racial identity functioning) and high levels of self-efficacy, as measured by the Internality component of Locus of Control. (c.f. Table 6). Internalisation, characterised by what Cross (1995) describes as Weusi Pride and Weusi self-acceptance, reflects psychological maturity. A person with high Internalisation attitudes has passed through earlier stages of Nigrescence and is now defining their *own* lifestyle and values, hence their high sense of self-efficacy.**

**In the Clinical sample, a significant relationship was found between high Immersion attitudes and high External Locus of Control (as measured by Powerful Others). (c.f. Table 6). This relationship between high Immersion attitudes and the belief in the ability of Powerful Others to control one's life (can also be explained by the likelihood that such individuals, (especially if they are**

'new' to Immersion), may regard the White world as the powerful 'enemy' against which peoples of African descent need to defend themselves, through knowledge about their history and culture and also by physical and emotional withdrawal.

#### **4.4.2. Self-esteem compared between groups**

**The current study found no significant difference in Self-esteem between the non-Clinical and Clinical groups. (c.f. Table 7).**

This finding is difficult to explain. However it is possible that given participants' already-stated suspicion about the motives of the research, they may have responded in a manner which they felt projected themselves as both individuals, but also as African-Caribbeans in a positive light. This explanation is consistent with Blaisovich and Tomaka's (1991) observation that the SES is prone to socially-desirable responding.

In addition, this outcome may also be an artefact of the composition of both samples, as discussed in Sections 4.1.3 (ii) and 4.1.4 (iii).

**4.4.3 Locus of Control compared between groups**

The current study found no significant difference in scores for Locus of control (as measured by Internality, Powerful Others and Chance) between the non-Clinical and Clinical groups. (c.f. Table 7). This outcome may also be an artefact of the composition of both samples, as discussed in Sections 4.1.3 (ii) and 4.4.1 (iii).

**4.4.4 Findings of the current study compared to previous research**

Using the RIAS-B, (Parham and Helms 1989) previous research, (Martin and Nagayama-Hall, 1992) has shown an association between racial identity attitude development and Locus of Control, where less well-developed racial identity attitudes were associated with an external Locus of Control and well-developed racial identity attitudes with an internal Locus of Control. Also, Ferrell, (1995); Parham and Helms, (1985a); Pyant and Yanico (1991), and Taub and McEwen (1992) found an association between various stages of racial identity attitude and levels of Self-esteem, with less well developed racial identity attitudes associated with poor psychological functioning and vice-versa.

Employing Carter's (1971, 1978 and 1995) theory of Black racial identity attitude development, on which the RIAS-B was based, the current study created a pilot device (the RIAS-B UK) to measure racial identity attitude development in Black Britons and to compare these with standard measures of Self-esteem and Locus of Control.

In contrast with previous research, the current study found no significant association between racial identity attitude development and Self-esteem or Locus of Control. These findings are interpreted below.

#### 4.4.5. Interpretation of Hypotheses

There are two main ways in which the results relating to the RIAS-B (UK) can be interpreted. First, that the *device* itself was not sufficiently sensitive or discriminant to measure racial identity attitudes. Second, that the *theory* of racial identity development, as developed by Cross (1971 1978 and 1995) from an African-American population, is not applicable to Black Britons. Thus measures based on this theory may have limited applicability to a different cultural group.

The next section will first discuss the ability of the RIAS-B (UK) to measure racial identity attitudes, followed by a discussion of the utility of the Cross (1995) theory in relation to the target population.

#### 4.4.6. The ability of the RIAS-B (UK) to measure racial identity attitudes in the target population

The present research attempted to develop a device (the RIAS-B UK), based on Cross's (1995) theory, to measure the five stages of Black racial identity development, in a manner relevant to a Black British population.

Results show that some areas of the measure achieved acceptable reliability (internal consistency) for a pilot device, whereas reliability for other areas was poorer. For the measure as a whole, reliability was high ( $\alpha = .65$ ). This indicates that the device did *not* achieve its aim of accessing separate sources of variance within the target population.

#### 4.4.7 The utility of the Cross (1995) model of racial identity attitude development to Black Britons

The concept of racial identity has been shown to apply wherever and whenever members of *one* racial group exist alongside, and are therefore able to identify themselves as being different from, members of *another* racial group. Thus, non-specific theories of racial identity development are proposed by Phinney (1990) and Ponteretto (1993). However race-specific models are also proposed, which take into account differing groups' social and cultural history, (e.g. Arcre's (1981) model of Chicano identity development and Kim's (1981) model of Asian-American identity development). In the current study, it is proposed that participants' initial reaction to the model (during the Focus Groups) provides *prima facie* evidence of the appropriateness of the American model to a British audience.

Overall, participants accepted that the concept of one's racial identity could change over time and indeed, most participants felt they had personally experienced this. For example, some individuals described themselves as

having been 'racist' or 'isolationist' as teenagers and then becoming more 'mellow' as they reached adulthood. Others spoke of a search for an African identity, and curiosity about African culture and history, which usually began after they had become parents, often prompted by the search for an African name for their child. This reflects the 'recycling' of Nigrescence, proposed by Parham (1989).

In terms of particular stages of Cross's (1995) model, all participants could identify Pre-encounter, and each group proposed the same names of Black celebrities whom they felt represented either low salience, social stigma attitudes or anti-Black attitudes.

Participants also found high Immersion attitudes easy to recognise and, with some amusement, dubbed this group 'SuperBlacks' who would take any opportunity to discourse about Black culture, history and White oppression. Without exception, participants were able to identify someone they knew, who was in Immersion. Likewise, little difficulty was shown in conceptualising and describing Emersion and again most participants could recall having seen this transition in people whom they knew personally.

However participants found Internalisation a more difficult and abstract stage to operationalise. Although they felt they understood the principle, many believed Internalisation to be an almost unachievable state, shown by the fact



that all three groups identified Nelson Mandela as being the only example of a truly Internalised individual they could identify.

The main problem with understanding the Cross (1995) model however appeared to be with Encounter (shown by the fact that despite two sorting exercises, only two statements reached 70 per cent agreement, with an internal consistency of  $\alpha = .29$ ). Cross (1995) describes an Encounter either as a single dramatic event, or as a series of small 'eye-opening' events which, when personalised, can trigger the process of Nigrescence. Although all individuals in the three Focus Groups did describe Encounter as a "slow burn" or as something which "crept up on you", most participants appeared to find difficulty in developing these ideas further.

It was earlier proposed that the common experience of belonging to a Black minority in a White society would mean the process of racial identity development in African-Americans would be roughly similar to that in Black Britons. However, current attempts to apply the Cross (1995) model to a Black British audience indicate less commonality in racial identity development between the two populations than was initially proposed.

To illustrate, the original theory of Black racial identity development (Cross, 1971) was developed when African-Americans who had *just experienced* or were at the very least, aware of the Civil Rights struggle occurring in their own

country. And, although the theory of racial identity development has since been partially reformulated, Cross's 1971 and 1995 definitions of Encounter remain largely unchanged.

It is therefore possible that participants in the Focus Groups had difficulty in recognising and describing Encounter as defined by Cross (1995) because differences in recent social history meant that this description had low salience for Black Britons.

This historical difference is, for example, illustrated by the following extract from 'Colored People' (Gates, 1994) describing life in rural 1950s America:

*"Before 1955, most white people were only shadowy presences in our world, vague figures of power ... the white people would come into our world in ritualized everyday ways we all understood. Mr. Mail Man, Mr. Insurance Man, Mr. Landlord Man, Mr Police-man: we called white people by their trade, like allegorical characters in a mystery play"., (p. 11).*

And,

*"... of course, we would bump into the white world ...  
but our own neighborhoods were clearly demarcated,  
as if by ropes or turnstiles..." (p. 13).*

The above passage describes segregation, which was until the late 1960s, (immediately prior the development of racial identity theories), common throughout large regions of America. It is possible then that both Cross and his original respondents, personally such racism and discrimination.

By contrast, British-born Black people would have no personal experience of a society where race was so powerful a stigma and social excluder. However, racism in other forms *is* prevalent in the UK. For example the Eurobarometer Poll of 1996, reported 33 per cent of White Britons describing themselves as being 'very racist'. As such, it is posited that whilst Black Britons may experience a psychological state that *approximates* to Encounter as defined by Cross (1995) but, that what constitutes an 'Encounter' may differ between the two populations .

**4.4.8 The RIAS-B (UK) and the Cross (1995) model of racial identity attitude development – conclusions regarding their respective efficacy and applicability**

In terms of interpreting the series of non-significant results gained in the current study, it was queried whether the RIAS-B (UK) itself was sufficiently sensitive to measure racial identity attitude development in Black Britons, or whether the Cross (1995) theory of racial identity attitude development, (from which the RIAS-B (UK) was derived), was appropriate for use with this population.

As demonstrated above, there were difficulties with both the reliability of the RIAS-B (UK) and with applying certain areas of the Cross (1995) theory to Black Britons. However, to answer the questions posed above and in Section 4.4.6 and 4.4.7, data from the current study suggests that:

1. A 'stage' process of Black racial identity development does exist for Black Britons.
2. These stages do not fully match those described in the Cross (1995) theory of Black racial identity attitude development.
3. The RIAS-B UK, deriving from the Cross (1995) theory, is therefore of limited utility and applicability to a Black British population.

Instead, the current study began the process of developing a culturally sensitive framework to describe racial identity development in Black Britons. This was begun via the Principal Component Analysis, which is discussed below.

#### 4.5 Analysis of Factors

Five Factors, identified as, Conflict, Maturity, Black Internal, Confusion and Black Universal resulted from the Principal Components Analysis, (c.f. Appendix 20). It is posited that these factors describe a preliminary formulation of the process of racial identity development in Black Britons.

It is also proposed that these factors can be grouped into two psychological stages: Factors 1 and 4 (Conflict and Confusion) which can collectively be described as *discord* and Factors 2, 3, and 5 (Maturity, Black Internal and Black Universal), which can collectively be described as *resolved*.

Factors 1 and 4, 'discord' are typified by feelings of discomfort which appear to pervade many areas of life. For example, drawing from statements comprising this Factor, the hypothetical individual with this constellation of attitudes expresses a lack of trust and indeed hatred towards Whites, but also feels uncomfortable when with other Blacks. This person regards Blacks as lazy, yet expresses an understanding of the historical iniquities to which Blacks were subjected. This person disagrees with Black/White intermarriage, yet thinks that

a White person can be a true friend to a Black person.

Factors 2, 3 and 5, are collectively described as 'resolved'. Again, using statements comprising this Factor, this hypothetical individual appears to have moved beyond 'discord' and has established a more comfortable relationship with themselves, other Blacks and the majority White culture. For example, they are happy to be of African or Caribbean descent and feel comfortable to express this either in an Afric-centric way (through dress and hairstyle) or, equally, without adopting an Afric-centric persona. This person acknowledges the damaging effects of some aspects of Black history, yet also believes Black British people should take collective responsibility for certain problems within the Black community. Also, importantly, this person does not appear to feel alienated from the majority culture and possibly regards themselves to be as British as White Britons.

Analysis of these factors also shows a fundamental difference between the African-American and British models of Black racial identity development. In the African-American model, all five stages describe a developmental process, which although triggered by external instances of racism, does not need to ask the fundamental question, '*am I an American?*'.

By contrast, the Black British model contains a query about belonging, and a questioning of one's status as a Briton. This element is directly reflected in item No. 29, *'As a Black person of African or Caribbean descent, I feel I don't know where I belong'* and is implied in item Numbers 11 and 23, *'Through personal experience I have come to believe that Britain is a racist country'*, and 23 *'I believe that Black people of African or Caribbean descent who live in Britain should stop making such a fuss about racism'*.

The Researcher feels this reflects the fact that respondents (68% Caribbean), largely came from the 'Windrush generation', that is, they were the children of migrants to Britain in the 1950s. Thus, for Black Britons as, identified by the current sample, the salient feature in identity development might, perhaps, be the struggle to be Black *and* British. This struggle might be encapsulated in the following questions. Does being a Black Briton mean that White Britain is the hated enemy?; Does being a Black Briton mean that one should wear African-style clothes, or not?; Does being a Black Briton mean that intermarriage is good or bad?

Interpretation of factors indicates that respondents in the current study could be divided into two groups. One group which had, to their own satisfaction, reached an understanding of what being a Black Briton meant, and another which had not yet reached this stage. (One can speculate that the six defaced returns, came from individuals for whom this conflict was so acute and painful,

that it was impossible to consider, even via the medium of an anonymous questionnaire).

The current study's classification of respondents into 'discord' and 'resolved' also corresponds with Phinney's (1990) proposition that individuals who do not resolve struggles about their ethnicity may remain at a 'foreclosed' stage, whereas those who do resolve these struggles develop an 'achieved' ethnic identity. Likewise, current results also correspond to Ponterotto's (1993) four-stage model of racial identity development, derived from a meta-analysis of existing work.

The following table outlines the results of the current study alongside race-specific models of racial identity development previously discussed.

**Table 16. Findings of the current study compared to other models of racial identity development**

<b><u>Cross (1995)</u></b>	<b><u>Current study</u></b>	<b><u>Ponterotto (1993)</u></b>	<b><u>Phinney (1990)</u></b>
Pre-encounter	-	Identification with the White majority	Foreclosed
Encounter	Discord	Awareness, Encounter, Search	-
Immersion	-	Identification and Immersion	-
Emersion	Discord	-	-
Internalisation	Accepting	Integration and Internalisation	Achieved



It is also worth noting that the current sample were largely highly-educated and young. Thus, it can be assumed the problems described above might be even more acute for less 'successful' Black Britons. This outcome may have been demonstrated with a more representative, heterogeneous sample.

The next section will discuss the findings of the current study in terms of their relevance to psychological practice.

#### 4.6 Clinical implications of the current study

##### (ii) *An introductory model of Black British racial identity development*

Data from the current study strongly suggest the existence of two distinct stages of Black racial attitude identity development. This finding is in line with previous research (Helms and Carter, 1995; Ponterotto, 1993) which suggests that a cognitive-developmental model of racial identity development exists for all racial groups.

Other research, (Looney, 1988; Martin and Nagayama-Hall, 1992; Munford, 1994; Pyant and Yanico, 1991; and Taub and McEwen, 1992 ) has shown a link between issues of race and racial identity attitude and the psychological well-being of Black people. And, although no such link was found in the current study, the very identification of a developmental process of racial identity attitude has implications for clinical practice.

For example, Carter (1995) writes that it has long been assumed that racial group membership *in itself* influences the psychotherapeutic process, so that in cross-racial dyads (normally assumed to be White therapist, Black client), race is seen as stimulating subconscious positive and negative transference and counter-transference reactions and responses. Thus, Jones, (1978) posited that same-race therapeutic dyads, by reducing race-generated transference, would always provide the optimal therapeutic mix.

However, in what Carter (1990) describes as an 'interactional' model of the therapeutic dyad, it is proposed to be participants' racial *identity*, (not their race *per se*), which influences the outcome of therapy. That is, perceptions resulting from either the Therapist's or Client's racial perspective or worldview may impact on how they perceive and interact with each other. For example, in a study to test whether 'race' or 'racial identity' influenced the therapeutic process, Carter (1990) found that in *every* therapist-client racial combination, racial identity attitudes led to more significant relationships in cross-racial therapeutic dyads than race alone.

Given that Carter (1990) describes an interactional model of the impact of racial identity on therapy, the current study, with its preliminary finding of two major stages of Black British racial identity development, although important, will be of limited value until White therapists also begin to explore their own racial identity development, for which a model, (Helms 1990) already exists.

However, the findings of this study do have immediate clinical implications for services, such as the Black mental health centres approached in this study, where staff and clients were all African and/or African-Caribbean. From the Researcher's own observation and from discussions with staff, such services provide an essential social function, which perhaps cannot not be met in mainstream mental-health provision. However, results of the current study suggest that optimal therapeutic effectiveness cannot be assumed simply because a Counsellor/Client are of the same racial background.

(ii) *Locus of Control and Black British racial identity development*

The current study was also able to make preliminary findings about racial identity and Locus of Control, namely that poorer racial identity attitudes tended to be associated with a greater sense of powerlessness. This has clinical implications in that traditionally, Psychology does not regard perceptions about race as being an important component in establishing an individual's level of self-efficacy.

However, results of the current study indicate that therapists need to recognise that Euro-centric conceptualisations of efficacy may be inadequate in therapeutic interventions with Black clients. Thus, a recognition of, or an attempt to assess a client's degree of racial identity development may be useful in therapy with Black clients.

(iii) *Participants' reaction to the current study*

Participants' reaction to the current study is of clinical interest. Although some individual respondents and Black mental health centres were extremely supportive, the Researcher also encountered a substantial degree of suspicion and wariness. The clinical implications of this reaction will be examined in terms of Parry's (1996) work on service evaluation and audit methods.

Parry (1996) identifies a number of criteria by which services can be audited (that is the investigative process by which clinical practice, use of resources and decision-making is evaluated). In terms of the current study, Parry's (1996) definition of service 'relevance' or 'appropriateness' is of most interest. Relevance and appropriateness are defined as *'the extent to which the service provided is matched to the particular needs of the recipients'*. Participants responses to the current study, (in both groups) suggest that formal Psychology services are regarded as neither relevant or appropriate by much of the target population.

Such mistrust may have its roots in the inherent racism of much of Psychiatry and Psychology and may be fuelled by Black users' response to the previously described 'client-as-problem' (CAP) perspective, which as Helms (1990) and Ridley (1995) write, is often assumed in Psychological research and practice. Ridley (1995) adds, that in Psychology:

*blaming the victim takes shape in many forms.*

*Much of it is subtle and hides behind the veil of  
clinical judgement and psychological diagnosis.*

*Sometimes it appears in the labeling of minorities as  
resistant or untreatable. (p.12.)*

Although Ridley (1995) was speaking of an American setting, the Researcher found that participants' reactions to the current study suggest that Black Britons too feel they have been subjected to the 'victim blaming', 'client-as-problem' culture described above. For example, in both the current study and Ferrell (1995) the majority of respondents were 'successful' individuals who were well-educated and well-paid and *not* in receipt of services and with no recent history of service use.

By contrast, those individuals who *had* been exposed to formal services were the least willing to participate in this research, even when conducted by someone also of African-Caribbean descent. This mistrust and suspicion, as described earlier, was clearly shown by comments (made in both groups) made about the motives of the current study and the use to which its findings would be put.

The Researcher therefore believes that if good-quality Psychology services are to be provided to Black Britons, (so that Parry's remaining audit criteria of equity, accessibility, acceptability, effectiveness and efficiency can be fulfilled),

the profession may need to seriously examine how it conceptualises and treats people of ethnic minorities. This change may have its roots in training, which is discussed below.

(iv) *Broader training issues*

From the reactions of participants (and those who refused to take part in the current study), the Researcher proposes that many Black people have 'learned' to view mental-health type services in a negative light. It is therefore suggested that a shift away from Euro-centric theory, training and practice might enable services to be seen as more relevant and appropriate, by non-Whites.

A similar point is also made by Ridley (1995) who writes of the 'Traditional Training' which leads some clinicians to assume they are able to work with clients of any background. In a similar vein to Carter's (1995) explanation of the 'Universalist' position on race, Ridley (1995) adds that the philosophy of Traditional Training holds that existing counseling theories and techniques are appropriate for all people, regardless of their race, ethnicity or culture. However, Ridley (1995) cites Sue and Zane (1987), who write:

*Most therapists are not familiar with the cultural backgrounds and life-styles of various ethnic-minority groups and have received training primarily developed for Anglo, or mainstream*

*Americans ... (and) are often unable to devise culturally appropriate forms of treatment and ethnic-minority clients frequently find mental-health services strange, foreign or unhelpful. (p. 37).*

Ridley (1995) adds:

*Traditionally trained counsellors should come to terms with the inadequacy of their preparation for service delivery. In some respects, their training is a liability. (p. 11)*

And, although Sue and Zane (1987) were describing an American setting, (where, as has been shown, psychological conceptualisations of racial identity are at least two decades ahead of the UK), there is no reason to suppose that such a state, as described above, does not also exist in British psychology.

The above comments can also be examined in terms of Carter's (1990) interactional model of the therapeutic dyad, where racial identity rather than race itself is regarded as the index to therapeutic effectiveness. The Researcher suggests that an abandonment of the belief that 'one model fits all' would enable the (majority White) practitioners to begin their own six-stage cognitive-developmental journey of racial identity development, as described by Helms

(1990).

It is suggested therefore that the profession of Clinical Psychology, with its unique scientist-practitioner position, is ideally placed to begin the process of highlighting and investigating the psychological impact of race and racial identity (for both Blacks and Whites). With this in mind, the following areas of future research are suggested.

#### **4.7 Future Research**

The current study developed a pilot device (the RIAS-B UK) to measure the development of racial identity in Black Britons. Based on the factors which emerged when this device was subjected to a principal components analysis, a preliminary model of Black British racial identity development was posited.

Previous research indicates a relationship between psychological functioning and racial identity status (Looney, 1988; Martin and Nagayama-Hall, 1992; Munford, 1994; Pyant and Yanico, 1991; and Taub and McEwen, 1992). It is therefore proposed that in order to be more relevant to a racially diverse population, UK Psychology services will need to recognise the importance of race in psychological development and develop theories by which to understand, and tools by which to measure the impact of racial identity on the psychological well-being of Black Britons'.



Future research could therefore aim to further develop a theory of Black British racial identity development. Such research would need to consider the impact of (a) ethnic differences between the varying groups of Black Britons, e.g. Africans of varying nationality and ethnicity, and Caribbeans, who are also culturally heterogenous; (b) geographical differences, (48 per cent of all Black Britons live in London (Modood and Berthoud, 1997) – do different psychological processes exist for Black people who live outside the urban conurbations?); (c) generational differences – do second generation Black Britons experience the same racial identity processes as their parents?; (d) socio-economic/class differences – does the Black middle class feel more or less integrated into British society than the Black working class?

The Researcher feels that until a reliable and properly standardised measure is available, which accounts for the above factors, research into the process of racial identity development in Black Britons and its psychological sequelae, will be unable to progress effectively.

#### 4.8 Summary and Conclusion

The opening of this research asked two questions, namely:

- *'what theoretical concepts can Clinical Psychology offer towards understanding the role of race in an individual's psychological development?*

And,

- *what are the psychological effects of belonging to a minority 'ethnic group?'*

Responding to the first question, the current study supported the findings of Carter, (1995) and found a cognitive-developmental process of Black-British racial identity development. In the target population, this appeared to be associated with conflicts relating to whether an individual can, simultaneously, be Black and British.

Data from the current study suggested that there are two main groups: one where this conflict had been resolved and one where it had not. Further research will be needed to elaborate on the findings of the current study and to investigate the psychological consequences of either being able, or unable, to create an integrated Black-British persona.

In terms of the second question, the current study found that racial identity development (as measured by the RIAS-B UK) was not significantly associated with Self-esteem or Locus of Control.

To conclude, a useful preliminary insight was gained into the process of Black British racial identity development, however, future research, predicated on an realisation of the importance race in psychological development will be needed to further develop this important and interesting area of British Psychology.

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## **APPENDICES**

## **APPENDICES**

- Appendix 1:** Submission to Ethics Committee.
- Appendix 2:** Conditional Ethical Approval letter.
- Appendix 3:** Researcher's response to Chair of Ethics Committee.
- Appendix 4:** Full Ethical Approval letter.
- Appendix 5:** Recruitment letter for Focus Group 3.
- Appendix 6:** Information Sheet.
- Appendix 7:** Recruitment letter given at public meeting.
- Appendix 8:** Guidelines for administering questionnaires to the Clinical group.
- Appendix 9:** Demographic Information sheet. ('About You')
- Appendices 10a – 10e:** Definitions of the five stages of Black racial identity development.
- Appendix 11:** Original statements generated by Focus Groups
- Appendix 12:** Statements meeting inclusion criterion at first Sorting Trial.
- Appendix 13:** Revision of statements achieving 60 per cent agreement at first Sorting Trial.
- Appendix 14:** Additional statements generated for second Sorting Trial.
- Appendix 15:** First draft of the RIAS-B (UK).
- Appendix 16:** Evaluation sheet.
- Appendix 17:** Final version of the RIAS-B (UK) (*Questionnaire 1*)
- Appendix 18:** Rosenberg Self-esteem Scale. (*Questionnaire 3*)
- Appendix 19:** Internality, Powerful Others and Chance Scales (IPC). (*Questionnaire 2*)
- Appendix 20:** Statements comprising the five Principal Factors of the RIAS-B (UK).
- Appendix 21:** The RIAS-B
- Appendix 22:** Author's Research Diary.

## **ETHICAL SCRUTINY**

### **Title**

***Generation of a scale to measure racial identity attitudes in a Black British population.***

### **Investigator**

Dionne Pamela Joseph.

### **Supervisors**

Main Supervisor: Dr June Ferrell, Clinical Psychologist, Camberwell Child Guidance Centre.

Co-Supervisor: Dr Len Rowlands, Clinical Psychologist, All Saints Hospital, Chatham.

### **Background**

Racial identity has traditionally been defined by racial group membership (ie skin colour, hair type etc). However this biological approach is being challenged by the psychological concept of *racial identity*. This is a cognitive developmental stage model, which accounts for how individuals perceive themselves in relation to others of the same and of different races, regardless of their own racial-membership group label.

Various psychological models have been proposed to explain the process of racial identity development in all the major racial groups and in mixed-race individuals. This research has been developed primarily in the United States and thus measures have been shaped by the political and socio-economic history of that country.

### **Black racial identity theory**

Early attempts at the establishment of a theoretical model of *psychological nigrescence*, (ie the process of becoming Black), appeared in African-American psychological literature in the early 1970s. These models Thomas (1970) and Cross (1971) endeavoured to encapsulate the various stages of identity change that Black people of African descent in America and in the Diaspora might have experienced in the process of achieving a more positive racial identity.

Helms and Parham (1985) transformed this model into a scale, which measures the five stages of racial identity development, from Pre-encounter to Internalisation. In Pre-encounter, the individual fully accepts a Eurocentric cultural perspective, and thus experiences feelings of inferiority and negative self concept. By contrast, the Internalised individual has developed a positive, personally-relevant Black perspective and Black self-identity.

### The wider context

There is much evidence to show that Black British people have a disproportionately higher rate of mental illness than their white counterparts (Berry and O'Dwyer, 1987; McGovern and Cope 1987). This discrepancy has been usually attributed to societal racism and racism within the mental health services (Littlewood and Lipsedge 1988; Lloyd 1992; Francis, 1993).

However, Ferrell (1995) suggests the reason for the high incidence of mental illness in the Black British population could be partly attributable to the impact of racism on a Black person's sense of identity. Ferrell (1995) used the Black Racial Identity Attitude Scale (RIAS-B), (Helms and Parham 1985), to measure if there was a relationship between attitudes toward racial identity and psychological functioning in people of African/African-Caribbean descent in the UK. Ferrell found mixed results, however she was able to conclude that positive attitudes towards one's racial identity tended to indicate better psychological functioning and well-being.

Nevertheless, Ferrell (1995) noted that the RIAS-B (Helms and Parham 1985) having been standardised on a African-American population, was not fully applicable to a Black Britons largely because of the different social histories which have shaped the experience of Black people in both countries. For example, African-Americans are a mainly long-established, but forcibly introduced population, who are arguably still affected by the lingering psychological and social effects of slavery, plus the recent trauma of Civil Rights and ongoing debates over Affirmative Action.

By contrast, Black Britons mainly derive from recent, voluntary, migration from Caribbean and African ex colonies. Fatimilehin and Coleman (1998) report that original migrants are still affected by the disruption of relocation, and with second and even third-generation Black Britons still sometimes referred to as 'West Indians', problems of identity and belonging still clearly persist for Black Britons.

So, although both African-Americans and Black Britons share the common experience of being a highly-visible minority, Ferrell (1995) concluded that the RIAS-B could not simply be transposed from one Black population to another without loss of robustness and validity.

***This research project will therefore attempt to generate a scale capable of measuring racial identity attitudes amongst Black Britons.***

In order to measure the clinical validity of the device being designed in this study, self-esteem and locus of control will also be tested for. These measures will be included because research shows these factors are linked to racial identity development, Pyant and Yanico (1991) and Martin and Nagayama-Hall (1992).

### **Hypotheses**

1. Individuals in the clinical sample will display poorer racial identity attitudes than individuals in the non-clinical sample.
2. Individuals with poor racial identity attitudes will also have low levels of self-esteem.
3. Individuals with poor racial identity attitudes will be more likely to have high external loci of control.

### **Design**

Employing a representative sample of the populations of interest, a factor analytic approach will be used to generate orthogonal factors. The internal consistency (reliability) of these factors (dimensions) will be determined by employing Chronbach's Alpha.

The robustness of the device will be assessed by comparing scores on the derived dimensions with scores on the Rosenberg Self-Esteem Scale (1965) and the Internality, Powerful Other and Chance Scales, Levenson (1981).

### **Participants**

Participants will be men and women between the ages of 21 and 65, of African-Caribbean descent born in Britain.

Participants will comprise a non-clinical sample (Group A) and a clinical sample (Group B).

### **Recruitment**

Participants for the pilot stages will be recruited personally by the Researcher and main Supervisor and recruitment will attempt to reflect the socio-economic profile of Black people in British society.

Non-clinical participants for the main stage of the research will mainly be recruited via an informal network of contacts known to the Researcher and main Supervisor in the Black community. Also, the Researcher will attend Black social/cultural events where a covering sheet (Appendix ) will be distributed. A minimum of sixty participants will be required for Group A.

A minimum of sixty participants will be required for Group B. Participants will be recruited from individuals presenting to African-Caribbean mental health projects. A letter to SAFOA (the umbrella organisation of Black mental health projects in the UK) is included at Appendix 6, however verbal consent has already been recieved from SAFOA that its members may be approached.



### Consent and confidentiality

Because of the nature of the questions in the RIAS-B (UK), the Researcher has opted for questionnaires being completed and returned anonymously. Therefore, consent will be inferred from the return/completion of the questionnaires. After the completion of the study, all raw data will be destroyed. Participants will only be asked to provide contact details if they wish to receive feedback on outcome. An Information Sheet (Appendix 1) will be distributed with all questionnaires.

### Ethical Issues

The questionnaire pack will include the name, address and telephone number of SAFOA where respondents will be directed if their participation in this study has raised any concerns for them. The Chair of SAFOA has agreed for such individuals to be directed towards this organisation, whence they will be provided with the names and addresses of local service-providers. This information will be provided on the Information Sheet, (Appendix 1).

### Measures

4. Demographic Sheet (Appendix 2)  
A brief questionnaire will be designed by the Researcher to establish a demographic profile of participants.
1. RIAS-B (UK). (Appendix 3).  
(Principal measure being designed by this study)  
A 35 item scale designed to measure racial identity attitudes. Participants indicate their responses on a four-point Likert scale ranging from Strongly Disagree (A) to Strongly Agree (E). This measure will be tested via a pilot study to be conducted on a sample of African-Caribbean people, however its reliability and validity can only be determined via the main study.
2. Rosenberg Self-Esteem Scale (Rosenberg, 1965). (Appendix 4)  
This is a ten-item scale designed to measure self-approval or self-acceptance. Participants indicate their responses on a four-point Likert scale ranging from Strongly Agree (A) to Strongly Disagree (D). Ferrell (1995) tested the suitability of this scale for use with Black British people.
3. Internality, Powerful Others and Chance Scales (IPC). (Levenson, 1981). (Appendix 5)  
This is a 24-item scale in which Locus of Control is divided into three separate components. Internality (I) measures the extent to which people believe they have control over their own lives. The Powerful Others Scale (P) measures the extent to which individuals believe that others control the events in their lives. The Chance Scale (C) measures the degree to which a person believes that chance affects his or her experiences and outcomes. Participants indicate their response on a 6 - point Likert Scale ranging from Strongly Disagree (A) to Strongly Agree (F).

It is not known if this measure was validated on a sample which included people of African/Caribbean descent. However, Levenson (1981) found reliabilities of .64 for I; .77 for P and .78 for C. Re-test reliabilities range between .66 and .73 over a seven-week period.

## **Procedure**

### **Development of the RIAS-B (UK)**

1. Using the five stages identified in the RIAS-B (Helms and Parham 1985) as a guide, small groups (approximately three by six people), will generate statements about racial identity. These discussions will be taped. The Researcher will then abstract clear a series of clear, uni-dimensional statements.
2. Approximately 10 individuals from the original small groups will then allocate these statements to the five dimensions as identified on the RIAS-B (Helms and Parham 1985). For a statement to be allocated to a particular category it will require 80 per cent agreement between participants.
3. Statements will then be converted into a measure, (provisional name RIAS-B UK). This measure will use a four-point Likert scale Strongly Disagree (A) to Strongly Agree (E) and will be piloted on approximately 20 new individuals who will give feedback on the clarity and salience of items.

Where necessary, statements will be re-written and again subjected to Step 2, making this an iterative process.

## **Sampling**

1. For the non-clinical sample, measures will be posted to individuals already recruited by the method described above, using Freepost envelopes.
2. For the clinical-sample, the Researcher will visit African/Caribbean mental health projects. Questionnaire packs will be personally handed to clients and completed questionnaires, in sealed envelopes, will be placed in a central collection area. If necessary, questionnaire packs will also be left with staff, to be returned to the Researcher via Freepost envelope.

## **Data Management**

1. Data from the RIAS-B (UK) will be subjected to Principal Components Analysis using Kaiser's Varimax rotation to produce orthogonal factors.
2. Chronbach's Alpha will be employed to determine the internal consistency of items within dimensions.

3. Scores on the dimensions of the new device will be correlated with scores on the Rosenberg Self-Esteem Measure and IPC scale.

### **Contribution to knowledge and clinical implications**

Both American and British research (Levy, Jones and Olin 1992 and Ferrell, 1995) shows a positive correlation between race identity distortion and poor psychological functioning. However, Ferrell (1995) noted drawbacks with using an American instrument. This study therefore will attempt to develop an instrument capable of measuring racial identity attitudes in a Black British population.

Such an instrument would have clinical validity, because standard evaluative instruments (such as the Life Events Questionnaire (Cochrane and Roberston, 1973) or the Beck Depression Inventory (Beck and Beamsderfer, 1974), which are commonly used in Clinical Psychology practice, simply do not address the psychological effects of being Black in a predominately white society.

The Researcher thus envisages that the proposed RIAS-B (UK) would be of clinical use as an assessment tool as it would help inform Clinicians of Black clients' levels of racial identity development. This would in turn, provide Clinicians with insight into an area which may otherwise be overlooked in therapy. If the hypotheses are supported, such a measure may also have predictive value.

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SALOMONS  
CENTRE

Ms D Joseph

3rd April 1998

Dear Dione,

**Re: Ethics Approval – Generation of a scale to measure racial identify attitudes in a Black British population**

Thank you for sending the above proposal for Ethics Approval. The Panel has considered your application and Conditional Approval is given. For Full Approval we would want you to take the following points taken into account:

1. To consider the ethical issues in relation to the establishment and running of the focus groups, in particular an information sheet and consent form should be devised for participants.
2. In addition, it may be worth considering the following issues:
  - (a) On the information sheet saying not to return the slip until August may put participants off returning the slip and may be better omitted.
  - (b) On the information sheet it may be worth adding when the questionnaires will be destroyed.
  - (c) On the 'About You' (Appendix 2) having Date of Birth followed by years was a little confusing and would be worth clarifying whether date of birth is required or age in years.

It was hoped that these conditions would be relatively easy to meet and providing you met these the Panel foresaw no problems granting full approval.

We look forward to seeing the results and hope you enjoy the research.

Yours sincerely,

Professor Tony Lavender  
Chair of Ethics Panel

c.c. Caroline Hogg  
Viv Martin

10<sup>th</sup> July 1998

Prof. Tony Lavender  
Chair Salmomons Research Ethics Committee

Dear Professor Lavender

**Re: Ethics Approval**

Thank for your letter dated 3<sup>rd</sup> April 1998 regarding ethical approval for my research dissertation. In response to the points made in you letter please note the following:

**1. Focus Groups**

The aim of the Focus Groups was to discuss issues of race and racial identity. I anticipated this would be a highly emotive subject and felt that the use of formal, written agreements, given to participants prior to groups, would possibly damage the effectiveness and spontaneity of these discussions.

Instead, I felt that the best way to establish rapport with participants and to maintain a sense of naturalness would be to keep all communication verbal. As such, before each group I gave a brief explanation of the study, and participants gave their verbal agreement to participate. After each group, I also provided participants with the contact details of a local black counseling services, so that if necessary, they could discuss any issues that the groups might have raised.

**2. Items 2a-2c. Changes to the Information Sheet**

All the changes detailed in items 2a – 2c were made, prior to the commencement of the main study.

The decision not to seek written agreement (as discussed above) was made in conjunction with my Supervisor, Dr June Ferrell, who agreed that this was the best way to proceed. However, please accept my apologies for not providing a written response to your letter sooner.

I hope that the above provides a satisfactory fulfillment of the points made in your letter of 3<sup>rd</sup> April.

Thank you

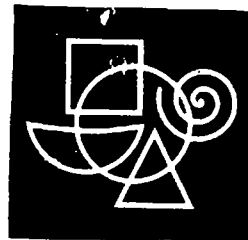
Yours sincerely

**Dionne Joseph**  
**Psychologist in Clinical Training**

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**SALOMONS  
CENTRE**

13<sup>th</sup> July 1998

Dear Dione,

***Re: Ethics Approval – Generation of a scale to measure racial identify attitudes  
in a Black British population***

Thank you for letter dated 10<sup>th</sup> July 1998. I am fully aware that you have taken the points in my letter of 3<sup>rd</sup> April into account, however, it would have been more appropriate if you had written earlier. I confirm that Full Approval has been given for this study.

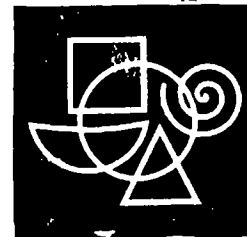
I look forward to seeing the results of this research.

Yours sincerely,

Professor Tony Lavender  
Chair of Ethics Panel

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**SALOMONS  
CENTRE**

9 January 1998

Mr  
Equal Opportunities Manager  
College

Dear Mr

Your name has been passed on to me by your colleague who suggested you may be able to assist me.

My name is . and I am currently completing the final year of training towards a Doctorate in Clinical Psychology at the above centre.

As part of this training I am undertaking a research dissertation, looking at racial identity attitudes in people of African-Caribbean descent. This research involves conducting small discussion groups with Black people of various ages and educational backgrounds, in order to elicit their ideas about how it feels to be Black in Britain today.

I would therefore be very grateful if I could conduct such a group with approximately six members of your student faculty. The session would last approximately one hour and will be taped. Because of timing pressures to complete this research, if I am able to use your college facilities and students, I would like to conduct the small group as soon as possible, (ideally before the end of January).

Thank you very much for your attention. I will telephone you next week to discuss the above and to answer any queries you may have.

Yours sincerely.

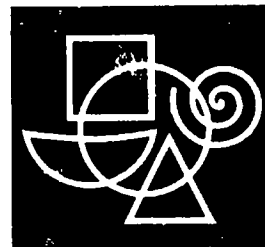
**Psychologist in Clinical Training**

**Dr Margie Callanan**  
**Clinical Research Director**



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April 1998

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**SALOMONS  
CENTRE**

### **Information Sheet**

Dear Participant

My name is Dionne Joseph and I am a Psychologist completing a Doctorate in Clinical Psychology at the above Centre.

I am conducting research examining the attitudes and feelings of Black people of African/African-Caribbean descent about being a Black person living in Britain and about themselves. I would like you to assist me by completing the enclosed questionnaires, plus the covering sheet, 'About You'. Questionnaire One should take between 10 and 15 minutes to complete, Questionnaire Two about 10 minutes and Questionnaire Three about 5 minutes, taking approximately 30 minutes in total. It is very important that you complete all three questionnaires.

Your participation is entirely voluntary, therefore if you fill in a questionnaire, it will be assumed that you are consenting to participate. A Freepost envelope is provided for you to return completed questionnaires, at your earliest convenience.

*Please note that all the information you provide will remain anonymous. This means that neither I, or anyone else will know who is answering the questions. Returned questionnaires will be destroyed in August, after the completion of the study.*

Participation in studies like this one is highly valued because your responses will help us to improve understanding of the Clinical Psychology needs of African/African Caribbean people and help Black Psychologists like myself, to plan services accordingly.

If you would like brief feedback on the results of the study (available from August), please complete the slip below and return it to me at the above address. (Separately, to maintain your anonymity).

Thank you for your support.

**Dionne Joseph**  
**Psychologist in Clinical Training**

**Dr Margie Callanan**  
**Clinical Research Director**

*If participating in this study has raised any concerns for you, you may like to contact SAFOA at, 1A Dalbury House, Edmonsbury Court, Ferndale Rd, SW9 8AP. This is an umbrella organisation for Black mental health organisations in the UK. They will provide details of Black counselling services in your area.*

**Please send me a short report on the findings of the above study.**

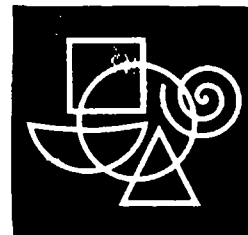
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**ADDRESS:** .....

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## SALOMONS CENTRE

Dear Respondent

My name is . and I am a final year Trainee completing a Doctorate in Clinical Psychology.

I am conducting a study looking at the attitudes and feelings of people of African/African-Caribbean descent living in Britain, and would like to ask for your assistance in filling in a short questionnaire.

Participation in studies like this one is highly valued because your responses will help us to better understand the Clinical Psychology needs of African/African-Caribbean people. Also, as a Black person of Caribbean descent myself, this is of personal as well as professional concern to me.

Questionnaires will be posted in the New Year (with return envelopes). At this point I would therefore ask you to provide a contact address and telephone number where questionnaires may be sent to.

Your participation in this study is entirely voluntary, therefore if you fill in a questionnaire it will be assumed that you are consenting to participate. All information will be treated in the strictest confidence and will be destroyed after the completion of the study.

Thank you for your support.

**Psychologist in Clinical Training**  
November 1997

NAME: .....

ADDRESS: .....

.....

.....

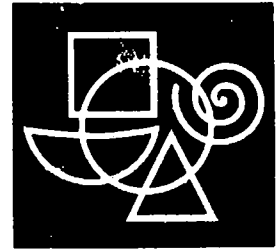
TEL: (please provide home, or if preferred, work)

(H): .....

(W): .....

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SALOMONS  
CENTRE

1 May 1997

Dear Sir/Madam

Further to our recent telephone conversation, please find (xn) questionnaire packs for distribution to your staff and clients.

All questionnaires are identical, however those for distribution to staff are on the green paper and those for clients on the pink paper.

With respect to clients' questionnaires, I have observed that it will take about 20-30 minutes to complete all three. When distributing to clients, would you please therefore try to ensure that (a) they have sufficient levels of literacy to read and process the information independently, without assistance from staff, and (b) that they will be able to concentrate for a minimum of twenty minutes.

I have enclosed return envelopes which are attached to each questionnaire.

Thank you for your assistance.

Yours sincerely

**Psychologist in Clinical Training**

## ABOUT YOU

APPENDIX 7

- ALL INFORMATION YOU PROVIDE WILL BE ANONYMOUS. This means that I will not know who is filling in either this sheet, or any of the questionnaires.
- All information will be destroyed after the study.
- Please tick */* the boxes which apply to you.
- Please answer ALL questions.

You are: Female ☐ Male ☐

How old are you? ..... years

Are you: Single (have partner) ☐ Single (no partner) ☐ Married ☐  
Separated ☐ Divorced ☐ Widow/Widower ☐

Number of dependent children: None ☐ One ☐ Two ☐ Three ☐ Four- ☐

Employment Status: Full-time ☐ Part-time ☐  
Student ☐ Unemployed ☐

Earnings per year: Up to - 9,000 ☐  
10,000 - 14,000 ☐  
15,000 - 19,000 ☐  
20,000 - 24,000 ☐  
25,000 - 29,000 ☐  
30,000- ☐

Educational background: GCSE GCE 'O' Level ☐ GCSE 'A' Level ☐  
HND HNC GNVQ (please circle appropriate)  
Graduate ☐ Post-graduate ☐  
Other (please specify) .....

You identify yourself as: Black African ☐ Black African-Caribbean ☐  
Black mixed-race ☐ Black Other (please specify) ☐

In the past 12 months, have you gone to any professional (eg Doctor, Nurse, Psychologist or Counsellor) to seek help for mental-health problem (eg depression, anxiety or, - schizophrenia/hearing voices) related to yourself (If yes, please briefly give details).

.....  
.....

Thank you. Please now continue with the other questionnaires.

## **STAGE 1**

This person has an essentially Euro-centric outlook. Their thoughts, actions and behaviours reflect a belief in White superiority and Black inferiority or stigma.

## **STAGE 2**

This person has had a personal and challenging racial experience. They may now begin to feel confused about the meaning and significance of race, particularly about being Black.

## **STAGE 3**

This person psychologically and if possible, physically, withdraws into Blackness and a Black world.

## **STAGE 4**

This person becomes more receptive to a *critical* analysis of the political, sociological and cultural condition of the Black world and Black people.



## **STAGE 5**

This person has developed a positive Black self-identity. However this person also respects and tolerates the differences between races..

## **Original statements generated by Focus Groups**

### **Pre-encounter**

1. I believe that race is not important.
2. I believe that history does not matter any more, we are living in the present.
3. I believe that British society is not racist.
4. I believe that African/Caribbean people make too much fuss about racism.
5. I believe African/Caribbean people should try to integrate more with the rest of British society.
6. I believe that African/Caribbean people are to blame for their own problems.
7. I believe that African/Caribbean people are lazy compared to other ethnic minority groups (eg Asians or Chinese).
8. I believe the overall effects of colonialism were positive for African/Caribbean people.
9. I feel embarrassed when a crime involving an African/Caribbean person is reported in the media (eg TV, newspapers).
10. When a stranger who is African/Caribbean does something embarrassing in public I also feel embarrassed.
11. I believe that African/Caribbean should try to behave more like White British people in order to be successful.
12. I feel proud of well-known Black British sportspeople (eg Frank Bruno).
13. I sometimes feel uncomfortable when I am with lots of other African-Caribbean people.
14. I believe that African-Caribbean people are generally not very ambitious.

### **Encounter**

1. I sometimes feel anger towards Whites without being able to explain why.
2. I feel I would like to live in the Caribbean/Africa, but I also feel British.
3. I sometimes feel that I don't know where I belong.
4. I sometimes feel British, but then something will happen which makes me feel more African/Caribbean.
5. I sometimes feel embarrassed by some famous Black British sportspeople, (eg Frank Bruno), but at other times I am proud of them.
6. I feel the school system does not pay enough attention to African-Caribbean history.
7. I feel the school system fails African-Caribbean children.
8. I sometimes feel angry with other African-Caribbean people without being able to explain why.

Encounter (cont)

9. I sometimes feel confused about where I belong.
10. I sometimes feel the system is failing me as a African-Caribbean person.
11. I sometimes feel that I have wasted time trying to integrate with/get on in White society.
12. I sometimes feel ashamed about my own negative views of other African-Caribbean people.

Immersion

1. I can only really trust other African-Caribbean people.
2. I try to only socialise with other African-Caribbean people.
3. I wear African-style clothing in order to express my African-Caribbean identity.
4. I wear my hair in dreadlocks/Natural in order to express my African-Caribbean identity.
5. I only listen to African-Caribbean music (eg jazz, soul, rap, High-Life etc).
6. I mainly feel resentment towards White people.
7. I mainly feel anger towards White people.
8. I mainly feel hatred towards White people.
9. I believe that African-Caribbean people should not intermarry with Whites.
10. I believe that a White person can never be a true friend.
11. I do not trust White people.
12. My race (being Black) is the most important part of my identity as a person.
13. I deliberately reject white culture, eg white music, food, clothing etc.
14. I believe that White society has nothing to offer me as a Black person.

Emersion

1. I believe that White people cannot be blamed for all of Black peoples' problems.
2. I believe that because of socio-historical factors, many African/Caribbean people have poor self-esteem.
3. I believe that because of socio-historical factors, African/Caribbean people nowadays feel limited to things like music and sport to achieve success.
4. I believe that as a result of their own experiences of racism, African/Caribbean parents sometimes collude with Society's low expectations of their children.
5. When African-Caribbean people do not set a good example to each other, I believe this is partly the fault of the community itself.

Emersion (cont)

6. I believe that socio-historical factors have made African/Caribbean people feel they have poorer life chances than people of other racial groups.
7. I believe the African/Caribbean community should partly take responsibility for producing individuals who commit anti-social behaviour.
8. I believe that whilst we should acknowledge the damaging effects of our history, this should not stop African/Caribbean people from taking responsibility for problems now facing the community (eg crime and unemployment).
9. I believe that some African-Caribbean people behave in ways which confirm society's negative stereotypes of our community.
10. I believe that because of internalised racism, some African/Caribbean people tend to resent the success of other Black people.
11. I believe that African/Caribbean people in Britain cannot blame racism for all of the problems facing the community.

Internalisation

1. I feel comfortable wherever I am.
2. I involve myself with causes that will help all oppressed people (eg give to charities not specifically aimed at helping other Black people).
3. I feel good about being Black but do not limit myself to Black social activities.
4. I believe that people, regardless of their race, have strengths and weaknesses.
5. I believe that because I am Black, I have many strengths.
6. I am satisfied with myself.
7. A person's race has little to do with whether or not s/he is a good person.
8. A person's race has little to do with whether or not s/he could be a good friend.
9. Being Black just feels natural to me.
10. I try to be a 'good citizen' rather than a 'good black citizen'.
11. I meet the White world on my own terms.
12. Being Black is only a part of who I am as a person.
13. I feel Black without projecting my Blackness outwards (ie wearing African-style clothing).

## **Statements meeting inclusion criterion at first Sorting Trial**

### **Pre-encounter**

1. I believe that history does not matter any more, we are living in the present.
2. I believe that African-Caribbean people are lazy compared to other ethnic minority groups (eg Asians or Chinese).
3. I believe the overall effects of colonialism were positive for African/Caribbean people.
4. I believe that African-Caribbean should try to behave more like White British people in order to be successful.
5. I sometimes feel uncomfortable when I am with lots of other African-Caribbean people.

### **Encounter**

1. I sometimes feel that I don't know where I belong.
2. I sometimes feel confused about where I belong.

### **Immersion**

1. I wear African-style clothing in order to express my African-Caribbean identity.
2. I wear my hair in dreadlocks/Natural in order to express my African-Caribbean identity.
3. I mainly feel resentment towards White people.
4. I mainly feel anger towards White people.
5. I mainly feel hatred towards White people.
6. I believe that African-Caribbean people should not intermarry with Whites.
7. I believe that a White person can never be a true friend.
8. I do not trust White people.
9. My race (being Black) is the most important part of my identity as a person.
10. I believe that White society has nothing to offer me as a Black person.

**Emersion**

11. I believe that as a result of their own experiences of racism, African-Caribbean parents sometimes collude with Society's low expectations of their children.
12. I believe that whilst we should acknowledge the damaging effects of our history, this should not stop African-Caribbean people from taking responsibility for problems now facing the community (eg crime and unemployment).

**Internalisation**

13. I feel comfortable wherever I am.
14. I feel good about being Black but do not limit myself to Black social activities.
15. I feel Black without projecting my Blackness outwards (ie wearing African-style clothing).

**Revision of statements achieving 60 per cent agreement at first Sorting Trial**

- **Italic shows the revised version.**

**Pre-encounter**

1. I believe that African/Caribbean people make too much fuss about racism.
- 1a. *I believe that African/Caribbean people should stop making such a fuss about racism.*

**Encounter**

1. I feel I would like to live in the Caribbean/Africa, but I also feel British.
- 1a. *Although I'm British, I my experiences make me feel I don't belong here.*
2. I feel the school system fails African-Caribbean children
- 2a. *Through personal experience or knowledge, I have come to believe that the school system is racist.*

**Emersion**

1. I believe that because of socio-historical factors, many African/Caribbean people have poor self-esteem.
- I believe that socio-historical factors have made African/Caribbean people feel they have poorer life chances than people of other racial groups
- 1a. *Through knowing my own history, I understand why African/Caribbean people feel they have poorer life chances than people of other racial groups.*

**Internalisation**

1. A person's race has little to do with whether or not s/he is a good person.
- 1a. *There are good and bad people in all races.*
2. I am satisfied with myself.
- 2a. *I am happy to be of African descent.*
3. I believe that people, regardless of their race, have strengths and weaknesses.
- 3a. *I believe that all people have strengths and weaknesses.*

## **Additional statements generated for second Sorting Trial**

### **Pre-encounter**

1. African-Caribbean people are not ambitious.
2. I believe that African-Caribbean people should stop making such a fuss about racism.

### **Encounter**

1. Although I'm British, I my experiences make me feel I don't belong here.
2. Through knowing my history, I understand why many African/Caribbean people have poor self-esteem.
3. Through knowing my history I understand why African/Caribbean people do not love themselves.
4. Through personal experience or knowledge, I have come to believe that the police are racist.
5. Through personal experience or knowledge, I have come to believe that the school system is racist.
6. Through personal experience or knowledge, I have come to believe the legal system is racist.
7. Through personal experience or knowledge, I have come to believe that most White British people are racist.
8. Through personal experience or knowledge, I have come to believe that Britain is a racist country.
9. I am British but I would also like to live in the Caribbean or Africa.
10. I am British but I feel I don't belong here.

### **Emergence**

1. Through knowing my own history, I understand why African/Caribbean people feel they have poorer life chances than people of other racial groups.
2. I believe that while racism negatively affects Black peoples' lives, we should take responsibility for our own problems.
3. I believe that although racism exists, African/Caribbean people in Britain cannot blame this for all of the problems facing the community.

### **Internalisation**

1. When I need to deal with White people, I do so on my own terms.
2. I believe that I have many strengths.
3. I believe that Black people have many strengths.
4. I am happy to be of African descent.
5. I believe that all people have strengths and weaknesses.
6. I believe that White people can overcome racism.
7. As a 'conscious' Black person I believe that a person's race has little to do with whether or not s/he is a good person.
8. There are good and bad people in all races.



**(First draft of the RIAS-B (UK)) \*****QUESTIONNAIRE ONE**

- Please complete the following questionnaire. There are no right or wrong answers, just your own views.
- Please read each question carefully, then indicate your answer by circling the letter that best fits your view. For example, if you Strongly Agree, then circle the letter E. For example:

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

- This questionnaire will be ANONYMOUS. I won't know who is filling it in.
- Please answer ALL questions.

1. I have personal strengths which have nothing to do with me being a Black person of African or Caribbean descent.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

2. As a Black person of African or Caribbean descent I feel confused about where I belong.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

3. I feel uncomfortable when I am with lots of Black people of African or Caribbean descent.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

4. I feel anger towards White people.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

5. I believe that being Black is the most important part of my identity as a person.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

6. I believe that to be successful, Black people of African or Caribbean descent should try to behave like White British people.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

7. I do not trust White people.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

8. I believe that there are good and bad people in all races.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

9. I believe that Black people of African or Caribbean descent are lazy when compared to other minority ethnic groups (eg Asians or Chinese).

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

10. I believe that although racism exists this cannot be blamed for all of the problems facing the Black community.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

11. I believe that the overall effect of colonialism was positive for Black people of African or Caribbean descent.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

12. As a Black person of African or Caribbean descent I feel I don't know where I belong.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

13. I believe that history does not matter any more. We have to live in the present.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

14. Through personal experience I have come to believe that Britain is a racist country.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

15. I believe that whilst Black people of African or Caribbean descent might be ambitious for their community or other members of their family, they tend not to be ambitious for themselves as individuals.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

16. I believe that a White person can be a true friend to a Black person of African or Caribbean descent.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

17. Wearing African-style clothes would be an effective way for me to express my identity as a Black person of African or Caribbean descent.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

18. I feel resentment towards White people.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

19. Although I'm British, my experiences make me feel I don't belong here.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

20. Through knowing about some aspects of Black history (eg Slavery and Colonialism), I understand why many Black people of African or Caribbean descent have poor self-esteem.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

21. Wearing my hair in dreadlocks/Natural would be an effective way for me to express my identity as a Black person of African or Caribbean descent.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

22. I am happy to be a Black person of African or Caribbean descent.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

23. I believe that as a result of their own experiences of racism, Black people sometimes collude with White British society's low expectations of Black children.

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

24. I feel Black without showing my Blackness outwardly (eg wearing African-style clothing).

*Strongly Disagree*      *Disagree*      *Uncertain*      *Agree*      *Strongly Agree*  
A                      B                      C                      D                      E

25. I have personal weaknesses which have nothing to do with me being a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

26. I believe that Black people of African or Caribbean descent should never marry Whites.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

27. I believe that Black people of African or Caribbean descent who live in Britain should stop making a fuss about racism.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

28. I usually feel comfortable wherever I am.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

29. I believe that a White person can never be a true friend to a Black person of African or Caribbean descent

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

30. I believe that despite the damaging effects historical events (eg Slavery and Colonialism), Black people should take responsibility for problems facing the Black community (eg crime and unemployment).

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

31. I believe that White British society has nothing to offer me as a Black person.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

32. I feel good about being Black but do not limit myself to social activities that are mostly frequented by Black people of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

33. I believe that Black people of African or Caribbean descent are not ambitious for their children.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

34. Through personal knowledge I have come to believe that Britain is a racist country.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

34. I believe that all people have strengths and weaknesses, regardless of their race.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

35. I feel hatred towards White people.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

**EVALUATION**

1. How easy or difficult to follow did you find the instructions? *(Please circle one).*

**Very easy      Easy      OK      Difficult      Very Difficult**

2. What did you think of the layout/overall look of the questionnaire? *(Please circle one).*

**Very good      Good      Not very good      Bad      Very Bad**

What changes (if any) would you suggest?

.....

.....

.....

3. Did you have any problems in understanding any of the questions? *(Please tick).*

**Yes**

**No**

If 'Yes', please number those questions which you found particularly difficult/unclear. ....

.....

4. How long did it take you to complete?

Approximately ..... minutes

Was this: *(please tick)*

**Too long**

**About right**

5. Are there any other comments or suggestions you would like to make?

.....

.....

.....

## QUESTIONNAIRE ONE

- Please complete the following questionnaire. There are no right or wrong answers, just your own views.
- Please read each question carefully, then indicate your answer by circling the letter that best fits your view. For example, if you Strongly Agree, then circle the letter E. For example:

Strongly Disagree      Disagree      Uncertain      Agree      Strongly Agree  
A      B      C      D      E

- The term 'Black people of African Caribbean descent' has been used throughout the questionnaire. This may become a little repetitive, however this term has been used to ensure that there is no confusion about who the questions refer to.
- This questionnaire will be ANONYMOUS. I won't know who is filling it in.
- Please answer ALL questions.

1. I have personal strengths which have nothing to do with me being a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

2. I feel uncomfortable when I am with lots of Black people of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

3. I believe that to be successful, Black people of African or Caribbean descent should try to behave like White British people.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

4. I do not trust White people.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

5. I believe that there are good and bad people in all races.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>

6. I believe that Black people of African or Caribbean descent are lazy when compared to other minority ethnic groups (eg Asians or Chinese).

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

7. I believe that although racism exists, this cannot be blamed for all of the problems facing the Black community.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

8. I believe that the overall effect of colonialism was positive for Black people of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

9. As a Black person of African or Caribbean descent, I feel I don't know where I belong.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

10. I believe that history does not matter any more. We have to live in the present.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

11. Through personal experience I have come to believe that Britain is a racist country.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

12. I believe that whilst Black people of African or Caribbean descent might be ambitious for their community or other members of their family, they tend not to be ambitious for themselves as individuals.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

13. I believe that a White person can be a true friend to a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E



14. Wearing African-style clothes would be an effective way for me to express my identity as a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

15. I feel resentment towards White people.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

16. Through knowing about some aspects of Black history (eg Slavery and Colonialism), I understand why many Black people of African or Caribbean descent have poor self-esteem.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

17. Wearing my hair in dreadlocks/Natural would be an effective way for me to express my identity as a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

18. I am happy to be a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

19. I believe that as a result of their own experiences of racism, Black people sometimes collude with White British society's low expectations of Black children.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

20. I feel Black without needing to show my Blackness outwardly (eg wearing African-style clothing).

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

21. I have personal weaknesses which have nothing to do with me being a Black person of African or Caribbean descent.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E

22. I believe that Black people of African or Caribbean descent should never marry Whites.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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23. I believe that Black people of African or Caribbean descent who live in Britain should stop making a fuss about racism.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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24. I usually feel comfortable wherever I am.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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25. I believe that despite the damaging effects of historical events (eg Slavery and Colonialism), Black people should take responsibility for problems facing the Black community (eg crime and unemployment).

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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26. I feel good about being Black but do not limit myself to social activities that are mostly frequented by Black people of African or Caribbean descent.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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27. I believe that Black people of African or Caribbean descent are not ambitious for their children.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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28. I believe that all people have strengths and weaknesses, regardless of their race.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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29. I feel hatred towards White people.

<i>Strongly Disagree</i> A	<i>Disagree</i> B	<i>Uncertain</i> C	<i>Agree</i> D	<i>Strongly Agree</i> E
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**QUESTIONNAIRE THREE**

- Please complete the following questionnaire. There are no right or wrong answers, just your own views.
- Please read each question carefully, then indicate your answer by circling the letter that best fits your view. Please note that the scale works in the opposite way as the two previous questionnaires, so if you Strongly Disagree, then circle the letter D. For example:

*Strongly Agree*  
A

*Agree*  
B

*Disagree*  
C

*Strongly Disagree*  
**D**

- This questionnaire will be ANONYMOUS. I won't know who is filling it in.
- Please answer ALL questions.

- I feel that I am a person of worth at least on an equal basis with others.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I feel that I have a number of good qualities.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- All in all, I am inclined to feel that I am a failure.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I am able to do things as well as most other people.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I feel I do not have much to be proud of.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I take a positive attitude toward myself.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- On the whole, I am satisfied with myself.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I wish I could have more respect for myself.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- I certainly feel useless at times.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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- At times I think I am no good at all.  

<i>Strongly Agree</i> A	<i>Agree</i> B	<i>Disagree</i> C	<i>Strongly Disagree</i> D
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## QUESTIONNAIRE TWO

- Please complete the following questionnaire. There are no right or wrong answers, just your own views.
- Please read each question carefully, then indicate your answer by circling the letter that best fits your view. For example, if you Strongly Agree, then circle the letter F. For example:

Strongly Disagree      Disagree      Slightly Disagree      Slightly Agree      Agree      Strongly Agree

- This questionnaire will be ANONYMOUS. I won't know who is filling it in.
- Please answer ALL questions.

1. Whether or not I get to be a leader depends mostly on my ability.

<b><i>Strongly Disagree</i></b>	<b><i>Disagree</i></b>	<b><i>Slightly Disagree</i></b>	<b><i>Slightly Agree</i></b>	<b><i>Agree</i></b>	<b><i>Strongly Agree</i></b>
<b><i>A</i></b>	<b><i>B</i></b>	<b><i>C</i></b>	<b><i>D</i></b>	<b><i>E</i></b>	<b><i>F</i></b>

2. To a great extent my life is controlled by accidental happenings.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
A	B	C	D	E	F

3. I feel like what happens in my life is mostly determined by powerful people.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>

4. Whether or not I get into a car accident depends mostly on how good a driver I am.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

5. When I make plans, I am almost certain to make them work.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

6. Often there is no chance of protecting my personal interests from bad luck happenings.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

7. When I get what I want it's usually because I'm lucky.

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>

8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

9. How many friends I have depends on how nice a person I am.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

10. I have often found that what is going to happen will happen.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

11. My life is chiefly controlled by powerful others.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

12. Whether or not I get into a car accident is mostly a matter of luck.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

15. Getting what I want requires pleasing those people above me.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

Questionnaire 2 (Cont)

16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

17. If important people were to decide they didn't like me, I probably wouldn't make many friends.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

18. I can pretty much determine what will happen in my life.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

19. I am usually able to protect my personal interests.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

20. Whether or not I get into a car accident depends mostly on the other driver.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

21. When I get what I want, it's usually because I worked hard for it.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

23. My life is determined by my own actions.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

24. It's chiefly a matter of fate whether or not I have a few friends or many friends.

<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
A	B	C	D	E	F

**Statements comprising the Principal Axis Factor Analysis  
of the RIAS-B (UK)**

**FACTOR 1 - Conflict (12.5% of variance)**

- 4. I do not trust White people.
- 10. I believe that history does not matter any more. We have to live in the present.
- 11. Through personal experience I have come to believe that Britain is a racist country.
- 13. I believe that a White person can be a true friend to a Black person of African or Caribbean descent.
- 15. I feel resentment towards White people.
- 16. Through knowing about some aspects of Black history (eg Slavery and Colonialism), I understand why many Black people of African or Caribbean descent have poor self-esteem.
- 22. I believe that Black people of African or Caribbean descent should never marry Whites.
- 23. I believe that Black people of African or Caribbean descent who live in Britain should stop making a fuss about racism.

**FACTOR 2 - Maturity (11.2% of variance)**

- 18. I am happy to be a Black person of African or Caribbean descent.
- 24. I usually feel comfortable wherever I am.
- 25. I believe that despite the damaging effects of historical events (eg Slavery and Colonialism), Black people should take responsibility for problems facing the Black community (eg crime and unemployment).
- 26. I feel good about being Black but do not limit myself to social activities that are mostly frequented by Black people of African or Caribbean descent.
- 28. I believe that all people have strengths and weaknesses, regardless of their race.

**FACTOR 3 – Black-Internal (10.0% of variance)**

16. Through knowing about some aspects of Black history (eg Slavery and Colonialism), I understand why many Black people of African or Caribbean descent have poor self-esteem.
19. I believe that as a result of their own experiences of racism, Black people sometimes collude with White British society's low expectations of Black children.
20. I feel Black without needing to show my Blackness outwardly (eg wearing African-style clothing).
21. I have personal weaknesses which have nothing to do with me being a Black person of African or Caribbean descent.
26. I feel good about being Black but do not limit myself to social activities that are mostly frequented by Black people of African or Caribbean descent.
28. I believe that all people have strengths and weaknesses, regardless of their race.

**FACTOR 4 – Confusion (8.7% of variance)**

2. I feel uncomfortable when I am with lots of Black people of African or Caribbean descent.
6. I believe that Black people of African or Caribbean descent are lazy when compared to other minority ethnic groups (eg Asians or Chinese).
9. As a Black person of African or Caribbean descent, I feel I don't know where I belong.
29. I feel hatred towards White people.

**FACTOR 5 – Black Universal (6.0% of variance)**

14. Wearing African-style clothes would be an effective way for me to express my identity as a Black person of African or Caribbean descent.
17. Wearing my hair in dreadlocks/Natural would be an effective way for me to express my identity as a Black person of African or Caribbean descent.
24. I usually feel comfortable wherever I am.



The Racial Identity Attitude Scale (RIAS) Items

Social Attitude Scale

This questionnaire is designed to measure people's social and political attitudes. There are no right or wrong answers. Use the scale below to respond to each statement. On your answer sheet, blacken the number of the box that describes how you feel.

1	2	3	4	5
Strongly				Strongly
Disagree	Disagree	Uncertain	Agree	Agree

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1. I believe that being Black is a positive experience.
2. I know through experience what being Black in America means.
3. I feel unable to involve myself in white experiences and am increasing my involvement in Black experiences.
4. I believe that large numbers of Blacks are untrustworthy.
5. I feel an overwhelming attachment to Black people.
6. I involve myself in causes that will help all oppressed people.
7. I feel comfortable wherever I am.
8. I believe that White people look and express themselves better than Blacks.
9. I feel very uncomfortable around Black people.
10. I feel good about being Black, but do not limit myself to Black activities.
11. I often find myself referring to White people as honkies, devils, pigs, etc.
12. I believe that to be Black is not necessarily good.
13. I believe that certain aspects of the Black experience apply to me, and others do not.

14. I frequently confront the system and the man.
15. I constantly involve myself in Black political and social activities (art shows, political meetings, Black theater, etc.)
16. I involve myself in social action and political groups even if there are no other Blacks involved.
17. I believe that Black people should learn to think and experience life in ways which are similar to White people.
18. I believe that the world should be interpreted from a Black perspective.
19. I have changed my style of life to fit my beliefs about Black people.
20. I feel excitement and joy in Black surroundings.
21. I believe that Black people came from a strange, dark, and uncivilized continent.
22. People, regardless of their race, have strengths and limitations.
23. I find myself reading a lot of Black literature and thinking about being Black.
24. I feel guilty and/or anxious about some of the things I believe about Black people.
25. I believe that a Black person's most effective weapon for solving problems is to become a part of the White person's world.
26. I speak my mind regardless of the consequences (e.g., being kicked out of school, being imprisoned, being exposed to danger).
27. I believe that everything Black is good, and consequently, I limit myself to Black activities.
28. I am determined to find my Black Identity.
29. I believe that White people are intellectually superior to Blacks.
30. I believe that because I am Black, I have many strengths.
31. I feel that Black people do not have as much to be proud of as White people do.

**AUTHOR'S RESEARCH DIARY**

**Research week:** Have decided on the general topic for the dissertation, race and psychology. Background reading shows that almost all research comes from America - why is this area being ignored by British psychologists?

Read the dissertation conducted by Dr Ferrell, a former Trainee, Following the recommendations for future research I decide to examine the effect of White racial identity attitudes on therapy. I find the RAIS-W, a scale which specifically measures the development of White racial identity attitudes.

Have a number of meetings with White Psychologists and Counsellors to investigate their approach to Black clients. These guide me in producing a 50-item questionnaire which I hope will identify the attitudes/behaviour of White therapists working cross-culturally.

Dr Ferrell agrees to Supervise my dissertation.

Submit Proposal and wait for comments. On my way!

Research proposal is passed, but with serious doubts about the RIAS-W. Feedback is presented as queries about validity, but my gut feeling is that the RAIS-W makes Whites uncomfortable because it may force them to examine their own racism.

**October 1997:** Given the reservations of the Ethics Committee, I begin to plan a new dissertation topic. Back to square one!

**November:** Find the RIAS-B, the 'sister' measure of the RAIS-W. This measures racial identity development in Black people. This idea is met with support and enthusiasm! I wonder why it is OK to look at the issue of race from a Black perspective but not a White one.

**November:** First meeting with main Supervisor, Dr Ferrell. Spend time discussing the new idea for the dissertation.

**November:** Meet Dr Len Rowlands who will supervise the statistics. Dr Rowlands tells me that: (a) generating questionnaire is very difficult and, (b) examiners rarely realise how much work is involved and asks me if I want to continue. However, having given up my first idea, I'm determined to make this work.

**December:** Conduct first Focus Group with a group of Black Psychologists and Psychotherapists. They are very helpful, but so grounded in psychological theory it's quite hard to get straightforward responses.

**28 December:** Conduct the second Focus Group.

- 7 January 1998:** Submit new Proposal to Ethics Committee. Whilst waiting for feedback, make arrangements to conduct third Focus Group.
- 28 January:** Conduct third Focus Group at a local FE College. Participants a bit wary at first, then really get stuck in. Some very useful ideas are added.
- 29 January:** Receive feedback from Ethics Committee. This says the work is not sufficiently clinical. I will have to rethink the design yet again! Feel extremely demoralised.
- 30 January:** Supervision: Meet with Dr Ferrell and decide to include a Clinical as well as non-Clinical group. Will also include two standard measures of Self-esteem and Locus of Control.
- 5 February:** Feedback above ideas to Salomons. Receive a positive response and am told I don't need to submit another Proposal. The next step will be to get ethical approval.
- 12 February:** Begin writing Method and Introduction.
- 8 - 25 February:** Conduct sorting exercises with discussion groups. Data shows I will have to modify approximately half of the questions. I now have find another ten participants.
- 27 February:** Meet with Dr Ferrell to revise statements for the second sorting trial.
- 6 March:** Conduct second sorting trial with six new participants and two from the previous groups. Produce first draft of the RIAS-B – (UK). I *finally* feel I'm making progress.
- 27 March:** Do a ring-around of Black mental health centres in London. Many people are quite suspicious (the word 'research' appears to put many people immediately on the defensive!). However some agree to see me, or want samples of the questionnaires.
- Submit to Salomon's Ethics Committee.
- 30 March:** Meet with the Director of a mental-health service in West London, who is enthusiastic and helpful. Arrange to spend two days at his centre. This will hopefully glean about 10 completed questionnaires. Feel extremely tired.
- 1 April:** Pilot the RIAS-B (UK) on members of the Afrikan Society at a local University
- 3 April:** Receive conditional Ethical Approval.

- 6 April:** Meet with Dr Rowlands and amend the RIAS-B (UK), according to feedback from the piloting exercise.
- 8 April:** Conduct the first mail-out of 200 questionnaires to Black mental health services in London.
- Meet with the Director of a mental health service in North London. He is also helpful and agrees to take 20 sets of questionnaires.
- 14 April:** Return to the mental health centre in North London. Leave 20 sets of questionnaires.
- 20 April:** Send out another 40 set of questionnaires.
- Collect first set of completed questionnaires. Only about 10 returned and I realise I will need to do another mail-out.
- 23 April:** Phone the Director of local Black mental health centre. He tells me the questionnaire is too long and complicated and that his clients are largely unable to complete them, only two done. I feel I have used up my stock of goodwill with him.
- 23 April:** Supervision with Dr Rowlands to analyse a set of 'mock' data
- 29 April:** Spend the day at a local Black mental health centre. Fifteen questionnaires are completed by staff, but only seven by Users. See firsthand that all three together are probably too demanding for Users. Many people give up halfway having lost concentration. I realise I will have to increase distribution range.
- 30 April:** Do another ring-around, this time of Black mental health centres throughout the country. Send out a further 200 sets of questionnaires. However, I now also include a set of instructions regarding distribution.
- 3 May:** Spend the Bank Holiday weekend inputting data from 45 sets of questionnaires. It takes *much* longer than anticipated.
- 5 May:** Send a first draft of the Introduction to both Supervisors.
- Meet with statistical supervisor.
- 21 May:** Receive feedback on Introduction. Both Supervisors only make minor comments. Am very relieved as I was envisaging a major re-write. Continue with Methods section.
- 5 June:** Finish data-collection. Begin to analyse results.
- 10 June:** Complete first draft of Introduction. STILL DOING RESULTS.

- 16 June:** Finish Results.
- 18 June:** Complete First Draft of Discussion. Continue with amendments to Methods section.
- 5 July:** Take a week's Study Leave to finish Discussion. However, Dr Rowland's copy is lost in the post, so my timetable is now awry.
- 7 – 9 July:** Spend two days! collating Appendices etc.
- Recieve feedback from Dr Rowlands regarding the Discussion. A lot more work involved than anticipated. Feel completely at the end of my resources. Sheer willpower and coffee keeping me going now!
- 9 – 14 July:** Tie up loose ends of the rest of the work. Realise that this is probably and endless process. Have to stop.
- 15 – 16 July:** Spend two days solid on the computer, still tying up the loose ends.
- Do photocopying and binding. THAT'S IT!!!.